Missouri Department of Mental Health

All-Hazards Emergency Operations Plan

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www.dmh.mo.gov/diroffice/disaster/AllHazErOptPlan.htm

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August 10, 2005

TO: Interested Parties

SUBJECT: Department of Mental Health (DMH)
All-Hazards Emergency Operations Plan

Enclosed is the newly revised All Hazards Emergency Operations Plan (EOP) for the Department of Mental Health.

This plan was developed with the input of the Mental Health Statewide Disaster Response Planning Committee. It is designed to enhance department planning and response activities in order to minimize the efforts of disaster or terrorism on DMH clients, the communities and citizens of Missouri. Two important enhancements of this plan compared to earlier plans are its integration of alcohol and drug concerns as well as greater awareness of cultural diversity or effective planning and response activities.

Within this plan, coordination of emergency response and recovery activities has been designated to the Office of Disaster Readiness, the Director's Office, and members of the Department's READI Team. All concerned should familiarize themselves with the plan and should be prepared to execute the tasks that fall within the purview of their responsibility.

Sincerely,

Dorn Schuffman
Director

Attachment: Membership of Planning Committee

Mental Health Statewide Disaster Response Planning Committee

Updated 2/1/05

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MISSOURI DEPARTMENT OF MENTAL HEALTH

ALL-HAZARDS EMERGENCY OPERATIONS PLAN

Developed by

Office of Disaster Readiness
Director's Office

Under the Guidance of the

Mental Health
Statewide Disaster Response
Planning Committee

March 2005

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for all of us

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CHANGE NUMBER	DATE OF CHANGE	DATE ENTERED	CHANGE MADE BY (SIGNATURE)

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

EXECUTIVE SUMMARY

The All-Hazards Disaster Mental Health Plan for community mental health and substance abuse response represents the structure, communications and resource utilization plans for the Missouri Department of Mental Health (DMH) to perform its public mental health authority role to meet the mental health-related needs of Missourians affected by natural or human-caused disasters.

Response to the needs of Missourians in disasters will require activities to develop funding and resources that allow DMH and its contractual psychiatric and substance abuse agencies to serve broader target populations of individuals not typically eligible for public mental health services. This plan describes the DMH Central Office (CO) role in application and administration of funding as well as the surge capacity of providers to quickly implement programming consistent with funding expectations. The Concept of Operations section and the Federal Emergency Management Agency (FEMA) crisis counseling program appendix provide overview information about disaster mental health services. This plan represents significant departure from past practice by recognizing and integrating substance abuse prevention and public education efforts as an important capacity in responding to community needs post-disaster and in its emphasis on cultural competence of services offered.

In addition to programmatic foundation, this plan describes infrastructure and staff resources for emergency preparedness and response that reflect significantly higher expectations in terms of interagency coordination and collaboration in the interest of Missouri's citizens. Institutionalizing relationships with the State Emergency Management Agency (SEMA), Department of Health and Senior Services (DHSS), the Disaster Recovery Partnership and other partners with roles in Missouri's new Special Needs Annex represents significant progress and recognition for the value of mental health involvement in the emergency management cycle. In addition, the unique contribution of mental health to risk communication reflects the value-added benefits of interagency collaboration.

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

PURPOSE COMPONENT

This all-hazards plan outlines responsibilities of the public mental health system for assisting Missourians with their emotional and mental health needs in all phases of natural or technological disasters or emergency events. Effective planning and response efforts require the delineation of statewide and community-based roles and activities for:

- √ the Missouri Department of Mental Health (DMH),
- √ the administrative agents of the Division of Comprehensive Psychiatric Services (CPS),
- √ contract providers of the Division of Alcohol and Drug Abuse (ADA), and
- √ contract providers of the Division of Mental Retardation and Developmental Disabilities (MRDD).

Missouri's public mental health system recognizes that preparedness, response and recovery efforts must be designed and delivered to:

- √ victims/survivors of disaster,
- √ emergency responders,
- √ individuals with special needs which includes individuals served by DMH, and
- √ other members of the community who may require assistance to reduce the incidence of adverse and long-term mental health outcomes after an event.

The plan is premised on the following key principles:

- √ Facilitating the healing process is an important role of the public mental health system through individual, group and community level interventions;
- √ Individuals and communities are resilient and can recover in the face of difficult circumstances;
- √ Recovery is enhanced by the availability of supportive assistance that normalizes emotional responses after a disaster while reducing maladaptive and adverse outcomes such as substance abuse, or depression.

The effectiveness of the plan is reflected in its ability to promote and support recovery for all identified groups, including those who live in recovery each day due to substance abuse or mental illness.

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

SITUATION AND ASSUMPTIONS COMPONENT

A. SITUATION

1. Missouri is subject to many potential disasters that could endanger large numbers of people as described in Missouri's State Emergency Operations Plan (SEOP), a synopsis of the Missouri Hazard Analysis. The most likely risk in Missouri is for weather-related events such as tornadoes, flooding and severe winter weather, oftentimes associated with power outages. In addition, Missouri faces the risk of significant damage and disruption from earthquakes associated with the New Madrid fault that runs through the southeast portion of the state. Although less common, terrorism is a reality in current times and would have great impact on large segments of the population. Both earthquakes and terrorism will likely result in greater mental health need due to their nature and the extent of impact.

2. The SEOP generally describes the roles and responsibilities of the Department of Mental Health (DMH) in a disaster event. Program design of the mental health response effort is related to the scope and nature of the disaster.

3. Within the disaster context, there is increased risk for adverse mental health outcomes such as post-traumatic stress disorder, suicide, and substance abuse. The role of the public mental health authority includes regulatory and service provision responsibility to:
   - √ Provide treatment, supports and assistance to achieve and support recovery; and
   - √ Prevent or reduce the frequency of disabling psychiatric, substance abuse, and developmental disorders;
   - √ Promote the mental health needs of all citizens.

4. The ability of the Missouri DMH to operationalize responses to meet disaster-related mental health needs is limited by resource constraints and the absence of specific budget authority to fund such services at the state or local level.

5. In addition to the needs of the general population, it is recognized that some individuals are at greater risk of long-term adverse mental health effects post-disaster. These individuals are often referred to as Special Needs Populations (SNP) and Missouri has established specific planning guidance in Annex X of the SEOP. Generally, these populations are broadly defined and include persons with disabilities (particularly those with previously existing mental health conditions and those who are

medication dependent such as Methadone patients), children, elderly, people who use languages other than English or are not literate in English, persons who are homeless, and individuals from diverse cultures with differing norms and rituals for grief, stress, loss, and other challenges associated with disasters. People with histories of previous exposure to traumatic experiences (such as wartime, refugee camps or other violence) may be at higher risk as well.

B. ASSUMPTIONS

1. Although the large majority of individuals who are affected by a disaster experience emotional and stress reactions to the event, these reactions are normal and infrequently result in long-term adverse mental health outcomes. In the aftermath of terrorist events in this country, however, there is evidence that larger numbers of people are emotionally affected by the event and even those not considered as primary or secondary victims experience significant levels of distress in the following days and weeks.

2. Strong and prepared communities are most effective in providing caring and supportive responses to individuals impacted by a disaster event. Natural helping systems and informal support structures such as but not limited to families, faith communities, schools, affiliated volunteers, cultural centers, self-help groups, and service organizations can often provide a response superior to responses by paid helpers.

3. As the public mental health authority for Missouri, DMH has the authority and leadership responsibility to plan for the mental health and substance abuse needs associated with disasters. Community preparedness and response would be carried out by contract providers for the Divisions of Comprehensive Psychiatric Services (CPS) and Alcohol and Drug Abuse (ADA).

4. Continuity of care for existing clients (including access to medications) and the ability to provide support in communities impacted by a disaster are critical for mental health providers. CPS and ADA providers that have prepared by developing sound and effective business continuity plans and strategies will be in the strongest position to mount an effective mental health and substance abuse service delivery response in their communities.

5. Local mental health resources may be quickly overwhelmed in a significant disaster event and federal assistance will likely be required to mount a response. Deployment of technical assistance, public education and training related to mental health needs may be the extent of capability and resources for smaller events.

6. Local mental health infrastructure and disaster competent resources vary significantly from county to county. The use of interagency and regional agreements to supplement local resources will be encouraged to plan for surge capacity in larger events.

7. Integration of substance abuse prevention and treatment competencies into the mental health response effort is critical.

8. Mental health outreach is most effective when conducted in collaboration and partnership with voluntary organizations active in disaster (VOAD) and other community organizations. Mental Health representation on the local coalition of community organizations active in disaster (COAD) will be encouraged. If a federal declaration is made and it is determined there is justification for a Federal Emergency Management Agency (FEMA) Crisis Counseling Program (CCP) application, the narrative and budgets in the application will include funding for the cost of participation.

9. People who experience distress and symptoms after an event are unlikely to seek assistance from the mental health community and outreach is the most effective way to identify and offer needed supports to persons affected by a disaster.

10. Evidence-informed and culturally competent approaches to disaster mental health service provision are essential if limited resources are to be used efficiently and effectively.

C. APPLICABILITY OF PLAN

This plan is designed to address mental health support needs in association with the following types of events:

- Tornadoes/Severe Thunderstorms
- Flooding
- Severe Winter Weather, including ice storms
- Drought
- Heat Wave
- Earthquake
- Dam Failure
- Utility Interruptions or Failures
- Fires
- Hazardous Materials, including radiological events
- Terrorism
- Nuclear Power Plant
- Nuclear
- Mass Transportation Accidents
- Civil Disorder
- Public Health Emergency or Bioterrorism
- Environmental Issues
- School Violence
- Mass Violence (e.g. sniper shootings)
- Agro-terrorism
- Any other events that would cause significant trauma for individuals and communities

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

CONCEPT OF OPERATIONS COMPONENT

A. OVERVIEW OF APPROACH

This plan is based on key principles that affect the design and delivery of mental health response efforts in disasters:

- This plan can be effectively implemented and adapted for all-hazards that may impact Missourians.
- Mental health response can be most effective when supported by important activities and efforts during the prevention, preparedness and recovery phases of a disaster.
- Mental health response includes community mental health services and alcohol and drug abuse prevention and treatment activities.
- Most people will return to their normal level of pre-disaster functioning without any mental health assistance or services after a disaster event, although recovery may be supported and facilitated by outreach services.
- People with mental health disorders or disabilities, substance abuse problems, people in recovery, and people with developmental disabilities may require supports to prevent long-term adverse effects from a disaster event.
- Mental health activities in all phases of disaster assistance must be adapted to cultural and language needs of diverse communities and populations.
- Disaster mental health programs and activities should be designed to identify and outreach to individuals known to be at greater risk due to a disaster.

An overview of mental health roles and activities in all phases of a disaster is summarized in a matrix format entitled***: Missouri Model for Mental Health Response and Recovery After Traumatic Incidents*** attached at the end of this section, beginning on page 19.

B. DIVISION OF RESPONSIBILITY

State Level

- Missouri's State Emergency Management Agency (SEMA) develops the State Emergency Operations Plan (SEOP) based on input and assistance from a variety of state agencies including the Department of Health and Senior Services (DHSS) and the Department of Mental Health (DMH).

- DHSS is the primary agency for Health and Medical, Annex K. DMH is a support agency to Annex K and is subject to activation by DHSS and SEMA, as warranted.

- SEMA, DHSS and DMH collaborate at the state level to establish expectations and infrastructure for effective mental health response to a disaster. The quality of the response effort is dependent on activities that occur in prevention, preparedness, and recovery phases.

- DMH state responsibilities and activities are specified in the row titled Public Mental Health Authority Role in the matrix (page 22)**,** an abbreviated section excerpted below. DMH activities are performed by the Divisions of Comprehensive Psychiatric Services (CPS), Alcohol and Drug Abuse (ADA), and Mental Retardation and Developmental Disabilities (MRDD) with coordination by the Coordinator of Disaster Readiness.

Pre-incident	Impact & Rescue	Recovery
▪ Collaboration among state agencies ▪ Policy development ▪ Infrastructure support for rapid assistance <u>Workforce development</u> ▪ Training ▪ Exercises <u>Resource development</u> ▪ Funds ▪ Grants ▪ Technical Assistance <u>Regulatory Role</u> ▪ Competency-based workforce standards ▪ Licensure & certification standards for agency planning & preparedness ▪ Contract provisions for providers' distributed responsibilities <u>Advocacy</u>	▪ Activate mental health response ▪ Establish communications links with CMHCs in affected areas ▪ Needs assessment for FEMA crisis counseling grant application ▪ If justified, complete & submit FEMA immediate services grant application	▪ Assess need for FEMA regular services grant or CMHS SERG funds ▪ Develop and submit written RSP application ▪ If regular services grant not pursued, complete implementation of immediate services program and conduct necessary close out activities ▪ Participate in and coordinate with the Missouri Disaster Recovery Partnership ▪ Conduct data collection & analysis to inform program management and future mental health response efforts

- DMH will designate 24/7 mental health hotline number(s) for the disaster based on the geographic location and scope of the disaster. DMH will

coordinate hotlines with DHSS for public health emergencies based on the nature and scope of the emergency.

Local level

- CPS Administrative Agents (Appendix 1) have responsibilities as described in the matrix row titled Community Mental Health Role**,** (page 19). Statewide coverage is achieved through use of administrative agents. DMH service areas have not been modified to be consistent with Missouri's Homeland Security regions (Appendix 2) but mental health activities in all phases will be conducted consistent with the regional framework and principles.

- In the immediate aftermath of a disaster event, the decision to deploy local mental health resources as part of the community response is a local decision. The decision should be based on the size, scope and nature of the disaster event as well as availability of disaster-competent workers and resources. Due to resource limitations, DMH does not guarantee payment or reimbursement of mental health resources deployed in response to a disaster.

- In response to federally declared disasters for counties or other large scale emergencies with wide-ranging community impact that take place in their service areas, CPS Administrative Agents will pursue one of the following:

  a) participate in the Immediate Services and Regular Services phases of the Federal Emergency Management Agency (FEMA) Crisis Counseling Program (CCP) by deploying staff and providing outreach services consistent with federal requirements as outlined in Appendix 4; or

  b) establish pre-planned plans with a subcontract agency to implement Immediate Services and Regular Services phases of the FEMA CCP; or

  c) demonstrate the availability of local funding and resources to implement a program equal or greater in size and scope with the Immediate Services and Regular Services phases of the FEMA CCP; or

  d) request approval, in advance of implementation, to redirect Purchase of Service (POS) funding within an agency's existing allocation to meet the disaster-related crisis counseling needs of the affected community or communities.

- CPS Administrative Agents will establish relationships with local providers for the Division of Alcohol and Drug Abuse (ADA) for the purpose of enhancing CCP outreach teams with individuals with knowledge and

expertise of substance abuse prevention, treatment, recovery, and relapse prevention.

- Local community mental health responsibilities and activities are specified in the matrix row titled Community Mental Health Role (page 19). Abbreviated sections are excerpted below. Activities are performed by CPS Administrative Agents and ADA contract providers.

Pre-event	Impact & Rescue	Recovery
▪ Mental Health Response Planning & Preparation at local level ▪ Workforce Development ▪ Public Education ▪ Community Development	▪ Basic Needs ▪ Psychological First Aid ▪ Monitor environment ▪ Technical assistance, consultation & training ▪ Culturally Competent Needs Assessment ▪ Triage ▪ Outreach & information dissemination ▪ Fostering resilience & recovery	▪ Monitor the recovery environment ▪ Foster resilience & recovery ▪ Community Development ▪ Public Education ▪ Traditional Mental Health Services

- Target populations will extend beyond those established for day to day DMH service delivery. Populations to benefit from disaster mental health services include those described in the chart below.

Impact and Rescue	Recovery
▪ Victims & survivors and their families ▪ Emergency Responders & their families ▪ DMH clients ▪ Community(ies) affected *(geographic area near "ground zero" to include residents, workers, schools, businesses, churches affected)* ▪ General public *(in terrorist events or public health emergencies)* ▪ Mental health workforce	▪ Victims & survivors & their families ▪ Emergency Responders & their families ▪ DMH clients ▪ Community(ies) affected ▪ Formal helping systems (government & private sector, domestic violence) ▪ Health care providers & primary care providers, including mental health treatment providers ▪ Natural & informal helping systems ▪ Awareness & education of general public to reduce stigma & increase help-seeking behavior

- DMH community providers, including those for CPS, ADA and MRDD, will be responsible for the disaster-related mental health needs of their clients.

    - DMH community providers should embrace their HIPAA-mandated responsibilities for business continuity plans as an opportunity to plan and prepare to function seamlessly in the face of disruptions

caused by a variety of natural and technological disasters that may occur.
  - Support needs for clients in disaster events will be highly correlated with the intensity and type of services with greater support in disaster circumstances.
  - Training in psychological first aid and other support strategies for disaster-related mental health needs will be available as a tool for providers in meeting needs of clients and to develop surge capacity in case of catastrophic events.
  - Additional support may be requested by contacting the local administrative agent to provide data that supports the need for additional CCP services, if approved by FEMA.
  - In large-scale emergencies, trained provider staff may serve as a recruitment pool to work as crisis counselors in the FEMA program to help meet surge capacity needs.

- DMH operated facilities shall have primary responsibility in an emergency event to care for their patients or residents, employees, and any visitors on campus at the time. However, it is recognized that the unique assets and competencies available in a facility may be valuable resources to the community or to DMH providers. When sharing resources does not impede the facility's mission to provide care to its own patients or residents and, to the extent public resources may be authorized for use to serve a broader need, resources may be offered for use in community mental health response to the event.

C. GENERAL SEQUENCE OF ACTIONS

Appendix 5 generally describes mental health goals, activities, and role at the local and state level. Additional detail about the sequence of activities is outlined below.

Pre-event

- √ DMH monitors communications from SEMA regarding any threats or warnings.
- √ SEMA and DHSS maintain current 24/7 contact information for identified DMH staff charged with response.
- √ DMH carries homeland security pager for immediate activation as needed.
- √ DMH will utilize existing GIS capabilities to improve planning & response efforts.
- √ DMH is enrolled in emergency alert email to monitor weather and other alerts and warnings through http://www.emergencyemail.org/.
- √ DMH receives DHSS Health Alerts to monitor health and public health conditions and surveillance.

- √ Divisions of CPS, MRDD and ADA maintain lists of emergency contacts for state-operated facilities and contract providers for immediate notice and assistance in an event.
- √ DMH will utilize available capabilities to identify community placements through a GIS tracking system.
- √ Copies of a resource notebook for the DMH response team are updated quarterly and are located at SEMA and DMH for ease of access in an emergency situation.
- √ DMH provides resources for immediate response to CPS administrative agents and ADA providers including:
    - o Compact Disk (CD) with FEMA CCP application materials and outreach materials;
    - o CD with Center for Mental Health Services (CMHS) Data Collection Toolkit for FEMA CCP program;
    - o An electronic version of this plan; and
    - o Other relevant materials as warranted.

- √ DMH will sponsor mental health related disaster training to develop capacity and competencies for effective mental health and substance abuse response to disaster events.

Impact and During Event

- √ DMH will alert administrative agents of the possible need to activate mental health response, when advance preparation is possible.
- √ DMH will initiate contact with administrative agents in affected areas to gather data about disaster-related mental health needs including information about cultural issues and special needs populations affected by the event.
- √ DMH will work with the administrative agents to identify sources for translators such as colleges and universities.
- √ DMH will monitor SEMA situation reports for needs assessment and collaboration.
- √ DMH will monitor status of declaration and immediately communicate with administrative agents when declarations are requested and made.
- √ DMH, with the affected administrative agent, will determine the need for the FEMA Immediate Services CCP Grant.
- √ If warranted, DMH will write FEMA Immediate Services Grant including provisions for culturally competent outreach, i.e, substance abuse prevention/education activities, interpreters/translators, culturally sensitive and culturally adapted service delivery models.
- √ DMH will participate in phone calls with:
    - o Missouri's chapter of Voluntary Organizations Active in Disaster (MOVOAD) and
    - o The Disaster Recovery Partnership (DRP).

- √ The CPS administrative agent will determine need to deploy mental health resources.
- √ If deployed, outreach will be conducted consistent with the FEMA CCP model to increase likelihood of reimbursement if funded. Considerations include training and background of the outreach workers consistent with the FEMA CCP model.
- √ Based on pre-event plans, the CPS administrative agent will notify and involve trained ADA staff in the response effort.
- √ The CPS administrative agent will collaborate with local group of community organizations active in disaster (COAD), typically convened by the local University of Missouri Extension office.
- √ The CPS administrative agent will maintain a listing of CPS and MRDD residential facilities in their service area and will consider the needs of their residents in planning and responding to the mental health related response efforts.
- √ DMH will work with the administrative agent to identify sources for translators such as colleges and universities.
- √ As warranted, the CPS administrative agent will request consideration for FEMA CCP.
- √ The CPS administrative agent will assist in data gathering to support CCP application.
- √ The CPS administrative agent will maintain data to support retroactive reimbursement under the FEMA Immediate Services Grant for the grant application period if the application is successful. These efforts will integrate data regarding allowable activities and expenses consistent with FEMA CCP requirements.
- √ The CPS administrative agent and the DMH will assess the need to apply for the FEMA regular services grant.
- √ DMH will evaluate need for any measures to provide staffing and service delivery in impacted areas where travel, supplies, communications, and support are disrupted.

Post Event

- √ DMH will work with SEMA to assure staff access to geographic areas impacted to assure continuity of services to community clients and program sites located in impacted zones.
- √ With authorization of the Governor's Authorized Representative (GAR), DMH will develop a written CCP application. The plan will include consideration of substance abuse needs, special needs population, use of indigenous workers and interpreter/translation services for impacted communities.
- √ The CPS administrative agent will implement approved CCP Immediate Services grant services utilizing a workforce that integrates substance abuse prevention and treatment competencies into its outreach services.

- √ DMH will coordinate or provide CCP training consistent with the grant period.
- √ DMH will coordinate media responses and public education requests as arranged or requested by federal disaster officials.
- √ DMH will perform CCP administrative support functions, including monitoring and data analysis.
- √ In collaboration with the administrative agents in affected areas, DMH will assess need for Regular Services application for CCP.
- √ As needed, DMH will develop the grant application and administer it as approved.
- √ Administrative agent will implement approved CCP Regular Services grant.
- √ Administrative agent will continue participation in COAD.
- √ DMH will participate in Disaster Recovery Partnership activities.
- √ DMH will cooperate with and coordinate any federal on-site visits or audit activities.
- √ DMH will conduct data collection, evaluation, after action, and grant close-out activities.
- √ DMH will maintain CCP grant files consistent with federal requirements.

These details will be translated into checklists for use during an event as a support for DMH, administrative agents, and ADA providers.

D. REQUESTING ASSISTANCE

The size and scope of response and the need to request assistance will be dependent on the nature, size and scope of the disaster and characteristics that affect mental health reactions to the event, such as extent of loss of life and property, manmade and terrorist events, continuing threat, impact on children, and other factors.

PRESIDENTIALLY DECLARED DISASTERS

CCP Immediate Services Application

SEMA and DMH conduct needs and damage assessment information from local agencies and resources. With assistance and support of FEMA and CMHS, SEMA and DMH collaborate to determine the need for a FEMA Crisis Counseling Program grant application. DMH develops the draft written grant application within 10 days and submits a final application by the 14th day after the presidential declaration. The director of SEMA (who is the GAR) approves, signs and submits the written application. SEMA administers any approved CCP Immediate Services Grant funds. DMH utilizes and passes through funding to administrative agents for implementation.

CCP grant application materials and data collection tools are included in Appendix 3. The web address for the most current material is: www.mentalhealth.samhsa.gov/cmhs/EmergencyServices/progguide.asp

CCP Regular Services Application

SEMA and DMH continue to assess disaster-related mental health impact and needs. With ongoing technical assistance and support from FEMA and CMHS, DMH, in collaboration with local mental health agencies, determines the need for a FEMA Crisis Counseling Program regular services grant application. DMH requests extension of the immediate services grant and submits a final application by the 60th day after the presidential declaration. The DMH director approves, signs and submits the written application and funds flow directly to the state mental health authority for pass-through to local mental health providers.

State Emergency Response Grant (SERG) Application

For situations that do not qualify for FEMA funding, application can be made to CMHS for assistance to provide mental health services. Examples of SERG eligible incidents include school violence or sniper shootings as occurred in the DC area in 2002. SERG may also be the only option in a bioterrorism incident, public health emergency or Strategic National Stockpile (SNS) deployment.

When a federal disaster has not been declared and DMH in conjunction with the local CPS and ADA providers concur that federal support is needed, DMH will contact SAMHSA and the Disaster Technical Assistance Center for current information regarding an Emergency Response Grant to get current application materials. As an illustrative example, 2003 materials are available in electronic file format upon request to DMH.

MISSOURI MODEL FOR MENTAL HEALTH RESPONSE AND RECOVERY AFTER TRAUMATIC INCIDENTS

PHASE	PRE-INCIDENT	IMPACT AND RESCUE (0-48 HOURS)	IMPACT AND RESCUE (0-2 WEEKS)	RECOVERY (2 WEEKS TO 1 YEAR)
GOALS OF INTERVENTION	▪ Preparedness ▪ Resilience ▪ Mitigation of risk factors	▪ Safety and survival ▪ Meet basic needs ▪ Effective communication	▪ Adjustment ▪ Appraisal	▪ Rebuilding & reintegration ▪ Recovery of pre-incident roles and functional activities ▪ Unified and strong community
ROLE OF ALL HELPERS	▪ Planning ▪ Public education ▪ Workforce preparedness & training ▪ Resource development ▪ Community development	▪ Rescue ▪ Protection ▪ Reduction of stress & arousal ▪ Reassurance	▪ Provide information and assistance to orient affected parties ▪ Needs assessment ▪ Referral or service provision	▪ Supportive assistance o Information & referral o Service provision ▪ Practical assistance to restore functional competencies ▪ Resource development ▪ Community development
COMMUNITY MENTAL HEALTH ROLE ***COMMUNITY MENTAL HEALTH ROLE***	**Mental Health Response Planning & Preparation at local level** ▪ Collaborate @ local level ▪ Inform & influence policy ▪ Set structures for rapid assistance o Develop surge capacity o Integrate substance abuse o With diverse communities ▪ Advocacy for people w/ special needs **Workforce Development** ▪ Promote awareness & increase capacity for: o Personal preparedness o Work-related preparedness	**Basic Needs** ▪ Establish safety, security, & survival ▪ Food & shelter ▪ Provide orientation ▪ Facilitate communication w/ family, friends & community ▪ Assess environment for ongoing threat, disease, toxins ▪ Promote healthy routines & behaviors **Psychological First Aid** ▪ Support & “presence” for those who are most distressed ▪ Keep families together & facilitate	**Culturally Competent Needs Assessment** ▪ Assess status & how well needs are being addressed for all populations listed below ▪ Of the recovery environment ▪ Identify additional interventions and scope (individual, group, population) **Triage** ▪ Clinical assessment ▪ Refer when indicated ▪ Identify vulnerable, high-risk individuals & groups ▪ Emergency hospitalization or	**Monitor the recovery environment** ▪ Encourage & listen to feedback ▪ Monitor continuing threats ▪ Monitor services being provided **Foster resilience & recovery** ▪ Facilitate social interactions ▪ Teach coping skills ▪ Educate about chronic stress, anniversary & trigger events, coping, services ▪ Facilitate group and family support ▪ Foster natural social support ▪ Address grief & bereavement

PHASE	PRE-INCIDENT	IMPACT AND RESCUE (0-48 HOURS) (0-2 WEEKS)		RECOVERY (2 WEEKS TO 1 YEAR)
(CONTINUED)	o Recruitment & deployment, targeting indigenous, bilingual ▪ Train responders in evidence-based mental health response skills consistent with assigned responsibilities o Mental health professionals o Crisis counselors o Outreach workers o Substance abuse counselors o Interpreters o Health workforce o Natural helpers ▪ Promote stress management & self-care **Public Education** ▪ Preparedness campaigns & materials that address mental health needs ▪ Mental health promotion & prevention efforts to: o Build emotional resilience o Increase protective factors o Target prevention efforts to at-risk groups, including special populations o Integrate substance abuse & relapse prevention efforts ▪ Cultivate relationships with & educate media	reunion w/ loved ones ▪ Provide information & education to normalize reactions, predict positive outcomes & promote adaptive coping ▪ Foster communication ▪ Protect survivors from further harm ▪ Reduce physiological arousal ▪ Discourage use of stimulants, alcohol or other substances **Monitor environment** ▪ Observe and listen to those most affected ▪ Monitor environment for stressors **Technical assistance, consultation & training** ▪ Improve capacity of organizations & caregivers to provide what is needed to re-establish community structure, foster family recovery & resilience, and safeguard community ▪ Provide to: o relevant organizations o other caregivers and responders o leaders	outpatient treatment **Outreach & information dissemination** ▪ Make contact with and identify people who have not requested services (i.e. “therapy by walking around”) ▪ Inform people about different services, coping, recovery process, etc. (e.g., by using established community structures, fliers, websites) ▪ Use outreach workers who are indigenous, bilingual & culturally competent **Fostering resilience & recovery** ▪ Facilitate social interactions ▪ Offer coping skills & training ▪ Educate about stress response, traumatic reminders, coping, normal vs. abnormal functioning, risk factors, services ▪ Facilitate group and family support ▪ Foster natural social support ▪ Address grief & bereavement ▪ As needed, repair community & organizational fabric ▪ When possible, participate in local collaboration efforts including involvement in Community	▪ Promote community unity & healing ▪ Recognize need for spiritual support & refer as needed ▪ Encourage continued practice of relapse prevention, participation in treatment and self-help recovery groups **Community Development** ▪ Promote use of community ritual & commemorative activities to strengthen & re-unify community ▪ Partner to address needs of disability & other at-risk groups ▪ When possible, participate in local collaboration efforts including involvement in Community Organizations Active in Disaster (COAD). ▪ Develop resources & partnerships with diverse cultures within communities **Public Education** ▪ Predict & stress positive outcomes & typical emotional reactions in recovery phase ▪ Anticipate & prepare for anniversary responses & other triggers ▪ Disseminate stress management & coping materials ▪ Through media and outreach,

PHASE	PRE-INCIDENT	IMPACT AND RESCUE (0-48 HOURS)	(0-2 WEEKS)	RECOVERY (2 WEEKS TO 1 YEAR)
	Community Development ▪ Partner to address needs of disability & other at-risk groups ▪ Develop resources & partnerships with diverse cultures within communities		Organizations Active in Disaster (COAD). ▪ Conduct operational debriefings, when standing procedure in responder organizations ▪ Provide or refer to spiritual support ▪ Encourage relapse prevention strategies for individuals in recovery & encourage continued treatment & AA/NA participation	conduct mental health promotion & prevention efforts to: o Assist with stress management & coping o Reduce risk factors o Target prevention efforts to at-risk groups, including special populations o Integrate substance abuse & relapse prevention efforts o Encourage mobilization of natural & informal helping systems (families, civic & service clubs, churches, schools, other communities of interest) **Traditional Mental Health Services** ▪ Refer to available community mental health and substance abuse services & admit/treat consistent with clinical & financial eligibility ▪ Refer eligible individuals to Medicaid service providers for mental health or substance abuse services ▪ Refer to EAP providers for

PHASE	PRE-INCIDENT	IMPACT AND RESCUE (0-48 HOURS) (0-2 WEEKS)	RECOVERY (2 WEEKS TO 1 YEAR)
			employed/covered individuals
PUBLIC MENTAL HEALTH AUTHORITY	**Mental Health Response Planning & Preparation at state level** ▪ Collaborate @ state level ▪ Policy development ▪ Infrastructure support for rapid assistance o Surge capacity o Integrate substance abuse o With diverse communities ▪ Plan & develop infrastructure for: o Implementation of FEMA Crisis Counseling Program ▪ *Financial models* ▪ *CCP templates* ▪ *TA for services & billing* ▪ *Administrative support* o Mutual aid strategies ▪ *Among CMHCs* ▪ *With ARC, other VOAD agencies* **Workforce development** ▪ Training ▪ Exercises **Resource development** ▪ Funds ▪ Grants ▪ Technical Assistance **Regulatory Role**	▪ Establish linkages with SEMA, DHSS, FEMA and CMHS to authorize and develop immediate services grant ▪ Activate mental health response consistent with functions listed above o Deploy crisis counselors, as appropriate o Utilize hotline as response & referral resource, as appropriate o Disseminate mental health outreach materials o Participate in COADs o Coordinate service delivery & develop linkages with mental health services offered by Red Cross, Salvation Army & other VOAD o Authorize & fund use of interpreters as appropriate ▪ Establish communications links with CMHCs in affected areas ▪ Needs assessment for FEMA crisis counseling grant application o Gather information about mental health need o Gather damage assessment information for inclusion in FEMA grant application o Analyze census & other data re: impact on special needs populations ▪ Assess impact on SNP ▪ Explore options to utilize indigenous, bilingual resource in CCP ▪ If justified, complete & submit FEMA immediate services grant application o Submit draft no later than 10 days after federal declaration o Submit completed immediate services grant application no later than 14 days after federal declaration o Develop SNP component based on data, including incorporating use of indigenous, bilingual, interpreter resources	▪ Assess need for FEMA regular services grant or CMHS SERG funds ▪ Develop and submit written RSP application o Request extension of immediate services portion of grant o Within 60 days after the federal declaration o Consider need for enhanced or specialized RSP services o Include formal evaluation model as component ▪ If regular services grant not pursued: o complete implementation of immediate services grant to end 60 days after declaration o conduct necessary close out activities ▪ Participate in and coordinate with the Missouri Disaster Recovery Partnership ▪ Conduct data collection & analysis to inform program management and future mental health response efforts

PHASE	PRE-INCIDENT	IMPACT AND RESCUE (0-48 HOURS) (0-2 WEEKS)	RECOVERY (2 WEEKS TO 1 YEAR)
	▪ Competency-based standards for workforce o Disaster competencies, including self-care o Cultural competencies & use of interpreters ▪ Agency planning & preparedness licensure & certification standards **<u>Advocacy</u> *with priority given to:*** ▪ DMH clients *(adults & children with psychiatric, MR, DD, substance abuse needs)* ▪ School children ▪ Individuals with diverse cultural backgrounds & language abilities ▪ Other Special Needs Populations (SNP), as resources permit		o Contribute to research & literature base o Conduct after-action evaluation efforts ▪ Lessons learned ▪ Feedback to inform future planning efforts
KEY POPULATIONS	▪ General public ▪ DMH clients ▪ Special Needs Populations o Children o Elderly o Persons with disabilities o Homeless o Diverse cultures ▪ Language other than English ▪ People who are not US citizens ▪ Emergency Responders ▪ Mental health workforce	▪ Victims & survivors and their families ▪ Emergency Responders & their families ▪ DMH clients ▪ Community(ies) affected *(geographic area near "ground zero" to include residents, workers, schools, businesses, churches affected)* ▪ General public *(in terrorist events or public health emergencies)* ▪ Mental health workforce	▪ Victims & survivors & their families ▪ Emergency Responders & their families ▪ DMH clients ▪ Community(ies) affected ▪ Formal helping systems (government & private sector, domestic violence) ▪ Health care providers & primary care providers, including mental health treatment providers ▪ Natural & informal helping systems

PHASE	PRE-INCIDENT	IMPACT AND RESCUE (0-48 HOURS) (0-2 WEEKS)	RECOVERY (2 WEEKS TO 1 YEAR)
			▪ Awareness & education of general public to reduce stigma & increase help-seeking behavior

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

AUTHORITIES AND REFERENCES

Legal authority for effective and comprehensive all-hazards emergency planning is rooted in state statute, state policy directive, and federal regulations as summarized below.

The Missouri Department of Mental Health (DMH) is the state mental health authority. As the SMHA, DMH has statutory responsibility specified in RSMO 630.020 Section 2 to:

"…make necessary orders, policies and procedures for the government, administration, discipline and management of its facilities, programs and operations."

Included in this general responsibility is preparation for emergency situations for the DMH workforce and its clients.

Missouri's State Emergency Management Agency (SEMA) requires each state agency to maintain Continuity of Operations (COOP) and Continuity of Government (COG) plans to assure that government operations are able to carry out their responsibilities with minimal disruption under emergency conditions. Annex S of the State Emergency Operations Plan (SEOP) establishes guidelines for COG plans.

Federal HIPAA Security guidelines require DMH, as a covered entity, to establish disaster recovery plans in the interest of client safety and care management. Regulations require plans be in place no later than April, 2005.

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

ORGANIZATION

Within the Department of Mental Health (DMH) and with other agencies, responsibilities for activities to support an effective response to disaster-related mental health needs are summarized in the following chart entitled: *Community Mental Health Services Disaster Response Plan, Roles & Partners Chart.* The chart describes partnership and collaborative opportunities across phases of a disaster in the public mental health arena.

ASSIGNMENT OF RESPONSIBILITIES

Primary Agency

DMH is responsible for all activities and tasks required for:

- Development of a plan for disaster-related mental health needs across the phases of an event;
- Development and implementation of the Federal Emergency Management Agency (FEMA) crisis counseling program or other grant funding, as warranted;
- Coordination of other mental health services and supports provided by other agencies in response to a disaster event; and
- Promotion of communication and collaboration with other state agencies, private organizations and voluntary organizations to improve capacity for mental health related preparedness, prevention, response and recovery efforts.

Support Agencies

DMH Internal

Office of Disaster Readiness
Readiness and Disaster Support Team (READI Team)
Division of Comprehensive Psychiatric Services (CPS)
Division of Alcohol and Drug Abuse (ADA)
Division of Mental Retardation and Developmental Disabilities (MRDD)
DMH Administration – Capital Improvements
Security Coordinating Team (SCT)
Office of Quality Management (OQM) – Regulation, Licensure and Certification

External – State Agencies

Department of Health and Senior Services (DHSS)
Local Public Health Authorities
State Emergency Management Agency (SEMA)
Local Emergency Management Directors
Division of Vocational Rehabilitation (DVR)
Department of Elementary and Secondary Education (DESE)
Missouri Security Council (MSC) and its subcommittees
Disaster Recovery Partnership (DRP)
Office for Victims of Crime (OVC)

External – Private Sector

Missouri Voluntary Organizations Active in Disaster (MOVOAD)
Missouri Hospital Association (MHA)
School Associations
American Red Cross (ARC)
National Organization for Victim Assistance (NOVA)
Coalition of Caring Faith Communities (CCFC)
Missouri Coalition of Community Mental Health Centers
Missouri Association of Psychosocial Rehabilitation Services (MOAPSRS)

DMH recognizes the value of community based private psychiatric facilities and counseling services in times of disaster, their contributions and volunteerism; however, they are not a formal part of the DMH organization and assignment of responsibilities for the following reasons:

- A formal listing of private agencies and a means of communicating with these agencies does not currently exist.
- Any official directives regarding private psychiatric facilities in Missouri are under the regulation of the Department of Health and Senior Services (DHSS).
- Efforts to identify bed capacity are under the direction of DHSS.
- Deployment of mental health professionals to provide services after an event are:
  - Under the sponsorship and guidance of an affiliated organization active in disaster such as the American Red Cross, Salvation Army, NOVA or Medical Reserve Corps
  - Either voluntary or as staff of the local community mental health center or alcohol and drug abuse provider coordinating a FEMA response.
  - An integrated response component in the emergency room of a hospital to manage surge in demand for hospital/medical services and

therefore part of the hospital response capacity and under the hospital's direction.

Missouri's Disaster Recovery Partnership (DRP) will be publishing a statewide human resources matrix in 2005, which will provide helpful overview and context for the role of DMH and its providers in a disaster event. The chart will be integrated into Missouri's State Emergency Operations Plan (SEOP) when complete.

MISSOURI DEPARTMENT OF MENTAL HEALTH
COMMUNITY MENTAL HEALTH SERVICES DISASTER RESPONSE PLAN
ROLES & PARTNERS CHART

PHASE				PARTNER ORGANIZATIONS[1]																						
Pre-event	During Event	Post-Event	FUNCTION OR ACTIVITY	DMH Director	Director's Office, Disaster Readiness	READI Team	Division of CPS	Division of ADA	Divsiion of MRDD	DMH Admin - Capital Improvements	DMH Security Coordinating Team	CPS Administrative Agents	Other CPS contract providers	ADA Contract providers	MRDD Contract providers	DMH OQM – Licensure/Certification	Dept of Health & Senior Services	State Emergency Management Agency	Division of Vocational Rehabilitation	COAD/VOAD	American Red Cross	Missouri Hospital Assn	Local Emergency Management Dir.	Dept of Elem & Secondary Education	Schools & School Assns	Higher Education & Academic Instit.
√			Develop & maintain statewide plan for community mental health response		L	C	C	C																		
√			Dissemination of written response plan		L	C	C																			
√			Dissemination of application, toolkit and data collection for FEMA CCP & SERG		L		C																			
√			Plan & advocate for Special Needs Populations		C	C	C	C	C								L	C	L							
√			Develop DMH business continuity plan	L	C		C	C	C	C	L																
√			DMH participation in Missouri Security Council & assigned committees	L	C	C																					
√			Contribute to the SEOP basic plan development process related to mental health roles and responsibilities		C													L									

[1] L indicates lead agency. C indicates collaborator, contributor or partner role. Multiple agencies may be involved in any function or activity.

PHASE			FUNCTION OR ACTIVITY	PARTNER ORGANIZATIONS[1]																						
Pre-event	During Event	Post-Event		DMH Director	Director's Office, Disaster Readiness	READI Team	Division of CPS	Division of ADA	Divsiion of MRDD	DMH Admin - Capital Improvements	DMH Security Coordinating Team	CPS Administrative Agents	Other CPS contract providers	ADA Contract providers	MRDD Contract providers	DMH OQM – Licensure/Certification	Dept of Health & Senior Services	State Emergency Management Agency	Division of Vocational Rehabilitation	COAD/VOAD	American Red Cross	Missouri Hospital Assn	Local Emergency Management Dir.	Dept of Elem & Secondary Education	Schools & School Assns	Higher Education & Academic Instit.
√			Contribute to the SEOP Annex K (Health and Medical) development process related to mental health roles & responsibilities		C	C											L					C				
√			Contribute MH expertise to local EM plans			C						C	C	C	C			C								
√			Maintain MOU & DOR for disaster leave		L	C															L					
√			Resource development & training for disaster competent workforce & surge capacity		L												C					C		C	C	C
√			Establish preparedness standards for regulating DMH licensed & certified entities		C	C	L	L	L							L										
√			Exercise plans			L											L	L		C			C			
√			Public Education to promote emotional preparedness and resilience		L												C			C	C	C	C	C	C	C
	√		Disaster-related mental health needs assessment		L		L	L	C		C	C	C	C						C	C	C	C	C	C	C
	√		Address disaster-related safety needs of DMH clients								L	L	L	L	L	C	C									
	√		Address disaster-related emotional needs of DMH clients								L	L	L	L													

PHASE			FUNCTION OR ACTIVITY	PARTNER ORGANIZATIONS[1]																						
Pre-event	During Event	Post-Event		DMH Director	Director's Office, Disaster Readiness	READI Team	Division of CPS	Division of ADA	Divsiion of MRDD	DMH Admin - Capital Improvements	DMH Security Coordinating Team	CPS Administrative Agents	Other CPS contract providers	ADA Contract providers	MRDD Contract providers	DMH OQM – Licensure/Certification	Dept of Health & Senior Services	State Emergency Management Agency	Division of Vocational Rehabilitation	COAD/VOAD	American Red Cross	Missouri Hospital Assn	Local Emergency Management Dir.	Dept of Elem & Secondary Education	Schools & School Assns	Higher Education & Academic Instit.
	√		Activate mental health outreach and assistance efforts		C	C					L									C	C					
	√		Public education as an outreach & self-care strategy		C							L					C	C				C		C	C	
	√		Develop grant application for federal assistance, as warranted		L		C	C				C						L								
	√	√	Design and implement crisis counseling services and supports to meet needs of diverse & special needs populations		L		C	C				C						L	C	C		C	C	C	C	
	√	√	Administer CCP or other grant awards		L							L														
	√	√	Training and TA for CCP		L							L														
	√		MH representation to SEOC as requested		L	L																				
	√		MH representation to DHSS DSR, as requested		L	L																				
	√		MH representation to Disaster Recovery Centers (DRCs) as requested									L														
	√	√	MH participation in COAD									L								C						
	√	√	MH participation in VOAD		L	L														C						
	√	√	MH participation in Disaster Recovery		L																					

PHASE			FUNCTION OR ACTIVITY	PARTNER ORGANIZATIONS[1]																							
Pre-event	During Event	Post-Event		DMH Director	Director's Office, Disaster Readiness	READI Team	Division of CPS	Division of ADA	Divsiion of MRDD	DMH Admin - Capital Improvements	DMH Security Coordinating Team	CPS Administrative Agents	Other CPS contract providers	ADA Contract providers	MRDD Contract providers	DMH OQM – Licensure/Certification	Dept of Health & Senior Services	State Emergency Management Agency	Division of Vocational Rehabilitation	COAD/VOAD	American Red Cross	Missouri Hospital Assn	Local Emergency Management Dir.	Dept of Elem & Secondary Education	Schools & School Assns	Higher Education & Academic Instit.
			Partnership																								
		√	Develop grant application for Regular Services portion of CCP	L	L																						
		√	Continue approved CCP service delivery									L			C												
		√	Training and TA for CCP		L		L																				
		√	Data Collection and Program Evaluation		L		L					L															

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

ADMINISTRATION, LOGISTICS & LEGAL

ADMINISTRATION

RECORDING AND REPORTING PROGRAM ACTIVITIES

The Division of Comprehensive Psychiatric Services (CPS) will establish program recording and reporting requirements for services delivered in response to a disaster or crisis. CPS will work collaboratively with the Division of Alcohol and Drug Abuse (ADA) to assure that the recording and reporting requirements are communicated to ADA contract providers involved in response efforts and incorporate ADA considerations into the requirements. Requirements will be informed by generally accepted standards for record keeping including any state and federal statutory or regulatory provisions. The established requirements will be consistent with the funding source(s) being used to support the response efforts and to the degree possible will provide a single standard. The core model to be used for standards will be the Federal Emergency Management Agency (FEMA) Crisis Counseling Program (CCP) requirements for data collection and recording. When a presidential declaration is anticipated or executed, it is advisable for all CPS and ADA providers to rapidly adopt practices consistent with these established requirements to increase potential for retroactive reimbursement from FEMA.

CPS will maintain current standards, forms and formats in electronic format for pre-distribution to CPS and ADA providers. CPS will also be prepared to conduct rapid distribution at the time of an event if power and communications lines are available to support such efforts. CPS will establish requirements for submission of data on a periodic basis to support drawdown of funds and for monitoring purposes. Consultation, training and assistance with documentation will be provided by CPS.

CPS will be responsible for analyzing, compiling and submitting aggregate data in required reporting formats to the funding authority. The data and reports are subject to federal review and audit and additional or supporting data may be requested of involved response agencies to satisfy any additional requests by the funding authority.

GRANT TYPE	TYPE OF DATA AND FORMAT	FREQUENCY OF DATA COLLECTION
FEMA Immediate Services Grant	➢ Service delivery data submission in SAMHSA recommended format ➢ Phone contact	Weekly Weekly
FEMA Regular Services Grant	➢ Service delivery data submission in SAMHSA recommended format ➢ Written report by program director in established format ➢ Monitoring visit	Monthly Monthly At least quarterly
SAMHSA Emergency Response Grant	➢ Service delivery data submission in SAMHSA recommended format ➢ Written report by program director in established format ➢ Monitoring (phone and on-site)	Weekly in first 60 days, Monthly thereafter Monthly Weekly in first 60 days, at least quarterly thereafter
Other Funding	To be determined consistent with funding authority requirements	To be determined by funding authority

Records shall typically be maintained consistent with state requirements for state-funded services or for three years after federal closeout activities have been completed as indicated by a letter from FEMA (for CCP immediate services) or the Substance Abuse and Mental Health Services Administration (SAMHSA) for CCP regular services or the Emergency Response Grant (ERG).

When any state-operated MRDD facility or licensed or certified facility with MRDD clients is impacted by a disaster event, the MRDD residential and service contract provider(s) will be encouraged to work in collaboration with the CPS provider to effectively document response activities that are consistent with the funding source for mental health response. Some services may be appropriately billable to Medicaid and should be documented consistent with those requirements.

RECORDING AND REPORTING EXPENDITURES AND OBLIGATIONS

CPS will serve as the responsible entity for setting expectations and standards for recording and reporting expenditures and obligations. The CPS division fiscal and data collection staff will communicate expectations to the CPS provider for the impacted regions and will establish frequency of submission for budget and billing purposes.

CPS will maintain current standards, forms and formats in electronic format for pre-distribution to CPS and ADA providers. CPS will also be prepared to conduct rapid distribution at the time of an event if power and communications lines are available to support such efforts. CPS will establish requirements for submission of data on a periodic basis to support drawdown of funds and for monitoring purposes. Consultation, training and assistance with documentation will be provided by CPS.

CPS will be responsible for analyzing, compiling and submitting aggregate data in required reporting formats to the funding authority. The data and reports are subject to federal review and audit and additional or supporting data may be requested of involved response agencies to satisfy any additional requests by the funding authority. Records shall typically be maintained consistent with state requirements for state-funded services or for three years after federal closeout activities have been completed as indicated by a letter from FEMA (for CCP immediate services) or the Substance Abuse and Mental Health Services Administration (SAMHSA) for CCP regular services or the Emergency Response Grant (ERG). All records are subject to federal audit and recoupment during this time period.

RECORDING AND REPORTING HUMAN RESOURCES UTILIZATION

CPS will also be responsible for recording and reporting approved central office and provider agency human resource utilization for in-kind and grant-funded positions for the grant period. CPS will coordinate data collection to support drawdown of funds and accountability.

USE OF SITUATION REPORTING

When a disaster has occurred or is imminent, Missouri's State Emergency Management Agency (SEMA) routinely sends situation reports (SitRep) to the Department of Mental Health director's office and to the DMH Coordinator of Disaster Readiness. These reports are faxed and sent electronically as well as being posted to the SEMA webpage. As appropriate, DMH will contribute information for inclusion in the SEMA SitRep including information collected from service providers regarding needs assessment and service delivery. DMH will also participate in meetings of the Disaster Recovery Partnership, another source of information and material for the SitRep. DMH will also periodically submit relevant information to disaster response efforts through the Cabinet Report sent weekly to the Governor's Office.

RECORDING AND REPORTING OF VOLUNTEER AGENCY SERVICES

Mental health related services provided by affiliated volunteers will be routinely reported and recorded in formal meetings and communications with SEMA

through statewide meetings of the Missouri chapter of Voluntary Organizations Active in Disaster (MOVOAD) and the Disaster Recovery Partnership (DRP). DMH participates in both groups and can monitor activities through participation.

In addition, mental health center participation in meeting of local community organizations active in disaster (COAD) will afford information about volunteer efforts at the local level to promote communication, collaboration, and coordinated deployment of limited resources.

MANAGEMENT OF VOLUNTEER OFFERS & SERVICES

Local community mental health centers will conduct planning efforts in their geographic areas to determine appropriate structures and criteria for use of volunteer resources to provide mental health-related services in response to a disaster. Planning and program design efforts will address:

- Use of affiliated volunteers including training, background checks, credentials, activation, liability, and supervision;
- Response to unaffiliated, spontaneous volunteers;
- Coordination with established voluntary and faith-based organizations active in the area;
- Mutual aid agreements with other mental health centers in the state for additional capacity;
- Budgeting for costs associated with unpaid volunteers and paid mutual aid resources in the CCP budget and program design; and
- Requests for additional capacity to be made to SEMA for submission to the Emergency Management Assistance Compact (EMAC).

LOGISTICS

ACCESS OF MENTAL HEALTH FUNCTION PERSONNEL TO IMPACTED AREA

Missouri's State Emergency Operations Plan (SEOP) does not have an established process for identification and badging of essential personnel to access a disaster area that has perimeter security. In order to afford safety and security for mental health personnel and other responders, pre-planning at the local level should address issues related to:

- Method for determining affiliation (list of personnel provided to logistical officer in incident command structure, access by business card or logo apparel, picture ID production for mental health workers, wristbands with bar codes, or other agreed upon method);
- Level and type of access to site;
- Process for terminating access;
- Training regarding safety and exposure within the site; and
- Tracking entry and exit consistent with criteria.

In order to support local procedures for access, resource options for producing badges or apparel may include:

- Incorporation of costs (of badging equipment and supplies or apparel and customization) into grant;
- Collaboration with DMH facilities that produce badges; and
- Use of information systems to share electronic files to rapidly reflect additions and terminations of access.

The Director's Office will work with SEMA and DHSS to explore standards and requirements that will improve efficiency and effectiveness of systems that provide secure access for appropriate personnel only.

BUSINESS CONTINUITY PLANS AND LOGISTICAL CONSIDERATIONS

Each CPS, ADA and MRDD provider will consider and plan for critical logistical issues in the event any hazard would potentially disrupt operations for their employees and clients. Among these considerations are:

- Arrangements for support needs for employees and clients (food, water, medications, transportation, etc.);
- Provision for self-support or shelter in place for up to 72 hours;
- Availability, transport, administration, and privacy of clinical and service delivery records; and
- Replacement or repair of damaged or destroyed equipment.

These and other disaster recovery and business continuity issues should be incorporated into an established agency plan. Models and guidance for development of sound plans can be found at websites for FEMA and OSHA as well as other locations on the internet. DMH will have in place necessary policies and regulations to promote effective business continuity planning consistent with HIPAA.

MUTUAL AID AGREEMENTS

Community mental health centers will be encouraged to develop mutual aid agreements with other centers, both contiguous and distant for surge capacity in catastrophic and large scale events. Cooperative agreements with ADA providers may also take the form of mutual aid as determined by local structure and planning efforts. Copies of mutual aid agreements should be shared with DMH and committees may be convened to establish models and practices for agreements. Agreements should be structured to address activation and reimbursement, including provisions related to grant funding.

Mutual aid agreements are particularly critical when 24 hour or daily service delivery is essential to client well-being. Agencies that provide residential services or methadone services are strongly encouraged to establish mutual aid

agreements for contingencies that would result in disruption of services or relocation of operations.

Mutual aid agreements may also be advisable between community providers and DMH facilities that may provide specialized capacity that would be needed in an emergency situation.

Although typically used for traditional emergency management needs (such as equipment, utilities, and other functions) during a federally declared disaster, EMAC also provides a vehicle for requesting services across state boundaries that could be used to request assistance such as but not limited to:

- Mental health workers;
- Administrators and planners for grant development; and
- Public education/public information officers with expertise in behavioral health and risk communication.

LEGAL

LICENSURE AND RECIPROCITY

CPS and ADA providers are responsible for compliance with all relevant and applicable professional licensure and regulation requirements when conducting DMH business. Providers will be afforded the opportunity to utilize the volunteer registry at the Division of Professional Registration, Dept of Economic Development established by the Dept of Health and Senior Services (DHSS) to identify individuals with interest and specialized training in disaster response.

INFORMED CONSENT

Written informed consent will be obtained when:

- An individual is being admitted to an agency for clinical services;
- Personally identifiable Information about an individual or services provided are being utilized as part of an approved research activity; or
- A child or adult is being formally evaluated for a diagnosis, treatment or referral for additional services.

Informed consent is not obtained when:

- Public education or outreach services are being provided;
- An individual requests assistance, consultation or referral through a telephone hotline service, presentation at a community event or at a designated mental health site within a prophylaxis or treatment clinic established in response to a public health emergency; or
- Primary prevention activities are conducted with children or adults related to building resilience and protective factors.

CONFIDENTIALITY

All personally identifiable information will be treated as private information and will be maintained in a manner to protect confidentiality as required by state and federal statutory and regulatory requirements. All individuals who provide services, whether volunteer or paid staff, will be trained regarding their responsibilities to protect and maintain privacy and confidentiality.

LIABILITY ISSUES

All appropriate steps such as training, background checks, and verification of education and credentials shall be taken to assure that individuals are appropriately qualified for the activities they will be performing, whether as volunteers or paid staff. Each agency shall maintain appropriate coverage related to liability. In addition, some individuals may also be advised to carry liability coverage for certain aspects of their positions.

CONTRACTING AND PROCUREMENT

Missouri statutes permit contracting without bid to CPS administrative agents, allowing rapid response and delegation authority to these agencies for crisis counseling response activities. The planning process for disaster preparedness and response provides the opportunity to clarify expectations in contractual format as necessary to assure statewide response capacity.

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

PLAN DEVELOPMENT & MAINTENANCE

Components of the Department of Mental Health (DMH) All-Hazards Plan

The DMH All-Hazards Plan consists of three components:

- The community mental health and substance abuse response to disasters;
- The DMH Business Continuity Plan, also known as the Continuity of Operations or Continuity of Government (COOP/COG) plan;
- Emergency and business continuity plans, policies, and procedures for all DMH facilities.

Responsibility Matrix

Plan Component	***Development & Maintenance Responsibility***	***Process***
Plan for Community Mental Health Disaster Response	Office of Disaster Readiness, DMH Director's Office	o Broad based committee representation including psychiatric and ADA providers, diverse cultural groups, and emergency management interests o 2003 Substance Abuse and Mental Health Services Administration (SAMHSA) Guidance as framework for plan
DMH Business Continuity Plan	DMH Security Coordinating Team (SCT)	o Internal process involving Central Office and DMH facilities as stakeholders o Collaboration with OA and other state agencies as needed o 2004 FEMA COOP/COG guidance as framework for plan
DMH Facility Emergency & COOP/COG Plans, policies, & procedures	Head of each DMH-operated facility	o Internal facility processes in compliance with DMH DOR and other regulatory and accreditation standards and authorities (JCAHO, CMS) o Promotion of standardized formats

Maintenance

Plan Component	*Maintenance Schedule*
Plan for Community Mental Health Disaster Response	Review every two years and revision, as needed
DMH Business Continuity Plan	Annual review and revision, as needed
DMH Facility Emergency and Business Continuity Plans, policies, and procedures	Ongoing review and revision per facility policy

Information technology strategies such as electronic libraries in portable formats (CD's, thumb drives) and network accessibility (intranet, SharePoint) will be pursued.

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

COMMUNICATIONS

ASSUMPTIONS

The Department of Mental Health (DMH) and its provider network are highly reliant on communications technology for voice and data exchange to support day to day operations as well as revenue generation.

Limited disruptions to the communications network are common due to technological failures, equipment limitations, and other factors.

The DMH data network is highly centralized and is the sole entry portal to the state data systems necessary to generate payments through the state's accounting information system (SAM II) and to bill Medicaid for DMH and provider services.

In order to minimize disruption to client services, DMH, its facilities and provider agencies will have in place business continuity plans to address essential functions, authority and decision-making, vital records and communications.

DMH COMMUNICATIONS WITH ITS PROVIDER NETWORK

DMH uses a variety of communication methods with its provider network, including, but not limited to:

- Landline telephone service;
- Limited cell phone coverage;
- United States Postal Service and other mail and parcel delivery services;
- Fax;
- Email;
- Internet websites; and
- Electronic data transmission through dial up and dedicated lines.

Communication occurs frequently with hundreds, if not thousands of communications each day. Communications are often routine and informational but many communications are emergent, urgent or time-sensitive in nature.

ALTERNATIVE COMMUNICATIONS IN DISASTER OR SYSTEMS FAILURE

When communications are disrupted on a local, regional or statewide basis, the following options may provide limited capacity for priority communications.

- Couriers and runners (opportunistic for individuals already in travel status or dedicated resources as needed for the situation);

- Pre-distribution of CDs and diskettes with disaster response information to be used in an emergency;
- Posting of information on web-sites for access when communications are disrupted;
- Use of cell, radio or ham radio technologies as alternatives to landline phones;
- Use of the Department of Health and Senior Services (DHSS) Health Alert Network (HAN) system (that includes fiber optic system for redundancy) for emergency communications to hospitals and health providers;
- Request for use of Highway Patrol and other state agency communications systems for emergency communications; and
- Requests to the State Emergency Management Agency (SEMA) and interstate Emergency Management Assistance Compact (EMAC) for any additional resources in longer term outages.

TECHNICAL RESOURCES

Internal and external communications system resources (as well as more detailed and technical information for coping with a communications failure) are identified in the DMH business continuity plan. DMH facility and provider plans should also identify internal and external technical supports.

MISSOURI DEPARTMENT OF MENTAL HEALTH (DMH)
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PUBLIC INFORMATION

COMMUNICATIONS STRATEGY

Risk communication technologies and strategies will be applied to complete plans for all hazards that are likely to occur in Missouri. Messaging templates are being developed and will be updated periodically for diverse audiences related to the different events to prepare for credible and compassionate messages related to mental health and substance abuse associated with emergencies. The templates have been shared with the Department of Health and Senior Services (DHSS) and will provide foundation for jointly sponsored message campaigns that evolve through the phases of a disaster.

IDENTIFICATION OF RESPONSIBILITY

The DMH Public Information Officer (PIO) will have responsibility for coordinating public information activities among DHSS, the State Emergency Management Agency (SEMA) and DMH depending on the nature and scope of the disaster event. In addition, the coordinator of Disaster Readiness and other members of the READI team will provide support and assistance to the DMH PIO in responding to media inquiries as well as preparing and disseminating public information materials to media outlets.

POLICIES FOR PUBLIC INFORMATION

The DMH PIO will have responsibility for coordinating requests for information and directing efforts consistent with the expectations of the DMH director and his executive team.

The DMH director, his executive team and other designated individuals will be prepared to serve as spokespeople and will be afforded training and practice opportunities to enhance their risk communication skills.

EXISTENCE OF PUBLIC INFORMATION MATERIALS

Examples of public information material from other states used in disaster response efforts have been collected from the Disaster Technical Assistance Center (DTAC) and other resources to be used as templates and models for material to be disseminated in Missouri. These models will be made available for the Divisions of Comprehensive Psychiatric Services (CPS) and Alcohol and Drug Abuse (ADA) provider adaptation and production in preparedness and

response activities. The information will be disseminated in electronic format and posted on the website for rapid access in an emergency.

RELATIONSHIP WITH SEMA PUBLIC INFORMATION OFFICER (PIO)

In planning and exercise activities, DMH has collaborated with the SEMA PIO to establish a working relationship and to increase knowledge and awareness of mental health related issues that may emerge during a disaster situation. In addition to collaboration during an event, the SEMA PIO routinely disseminates newsletters and press releases to DMH to maintain awareness and a network of fax numbers and email addresses that will be helpful in an emergency as well.

INFORMATION DISSEMINATION

Increasingly electronic communications such as email and internet postings are being utilized to distribute information. In addition, dissemination of materials pre-event is an important strategy being used to assure availability of information even if communications systems are disrupted or overwhelmed.

IDENTIFICATION OF EXPERTS/RESOURCES OUTSIDE STATE MENTAL HEALTH AUTHORITY (SMHA)

The SMHA will be prepared to provide recommendations of content experts for media use. Considerations for identification of an appropriate content expert will include:

- Awareness of and use of evidence-based mental health and substance prevention/treatment practice models in emergency response;
- Compassionate and concerned presentation that engenders trust and credibility;
- Understanding of the State Emergency Operations Plan (SEOP) and general emergency response operations, preferably based on hands-on experience in Missouri;
- Knowledge and application of risk communication principles; and
- Locally known and respected individuals, where possible.

The SMHA will contact the local community mental health center to determine if there are in-house resources who can effectively serve as a content expert or other local resources. If not, options to identify an appropriate external expert include contact and consultation with:

- the DHSS Speakers Bureau;
- academic institutions, especially those that are receiving bioterrorism money for public health leadership or other specialty work in the area (such as St. Louis University's Heartland Center);

- the National Child Traumatic Stress Network (NCTSN) agencies in St. Louis or Kansas City;
- the Disaster Technical Assistance Center (DTAC);
- Emergency Services and Disaster Response Bureau staff at the Substance Abuse and Mental Health Services Administration (SAMHSA);
- School associations; and
- Red Cross or other VOAD members.

PRE-EVENT RELATIONSHIPS WITH MEDIA

The DMH PIO is responsible for pre-event relationships with media. In addition, the SEMA and DHSS PIOs maintain positive working relationships with the media. Strategies to promote positive relationships include posting of open meetings, invitations to exercise and conference activities, press releases and recommendations and provision of content experts for local media outlets.

MISSOURI DEPARTMENT OF MENTAL HEALTH
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WARNING & MOBILIZATION OF INTERNAL MENTAL HEALTH SYSTEMS

INTERNAL

LINKS WITH THE STATE EMERGENCY MANAGEMENT AGENCY (SEMA) WARNING SYSTEMS

The Missouri Department of Mental Health (DMH) has provided 24/7 contact information to SEMA for immediate contact in case of activation of Missouri's state Emergency Operations Center (EOC). In addition, staff in the DMH Director's Office carry a text pager that can be activated by SEMA in case of an emergency. DMH is also linked with the SEMA E-Team software for use in emergency situations where the SEMA EOC is activated.

In some instances, SEMA will issue situation reports related to disasters with longer warning periods (such as floods) or in extended periods of threat (a stationary front generating heavy storm activity).

DMH and the Division of Comprehensive Psychiatric Services (CPS) hospital facilities are a part of the Dept of Health and Senior Services (DHSS) Health Alert Network (HAN) that disseminates health advisories and alerts to local hospitals and public health authorities. The alerts are disseminated internally to DMH staff and, as appropriate, may be shared with CPS, Alcohol and Drug Abuse (ADA) and Mental Retardation and Developmental Disabilities (MRDD) provider networks on a targeted or general basis based on the nature of the alert.

DMH staff have also registered for free email notification service with the Emergency Alert Notification System, a system that provides email notice for weather-related advisories and warnings, changes in level of the Homeland Security Advisory System, and other homeland security alerts and requests. For interested parties, registration is available at http://www.emergencyemail.org and enrollment can be tailored to individual needs.

EARLY NOTIFICATION

When appropriate to the situation, information relevant to possible response needs will be disseminated to the CPS and ADA providers in a geographic area included in the impact notice. Typically, however, local areas are aware of the potential disaster without any action by DMH. Public health alerts and emergencies are an exception to this rule and forwarding notice regarding public health threats, disease outbreaks or prevention efforts can be an important

support for local DMH providers in both care of their own clients as well as preparedness for possible activation of a mental health and substance abuse response effort in their communities. In 2004, ADA, CPS and MRDD developed a listing of 24/7 disaster contacts for state-operated facilities, community mental health centers and ADA providers. These lists will be periodically updated and kept in resource notebooks located at the SEMA EOC and the DMH director's office as well as another off-site location.

STATE MENTAL HEALTH AUTHORITY (SMHA) BUSINESS CONTINUITY POLICIES

As the SMHA, DMH takes its preparedness responsibilities seriously. DMH will have in place an extensive Business Continuity Plan consistent with Health Insurance Portability and Accountability Act (HIPAA) requirements and the Federal Emergency Management Agency's (FEMA) Interim Guidance on Continuity of Operations Planning for State and Local Governments issued in 2004. The business continuity plan will include methods and procedures for notifying staff, facilities, service providers and others as appropriate to the nature and scope of the emergency situation. The plan will further establish policies and procedures for evacuation, sheltering, and personnel matters related to deployment, assignment and recovery efforts.

EXTERNAL

WARNING NEEDS FOR SPECIAL POPULATIONS

DMH has actively participated and provided leadership in DHSS and SEMA sponsored activities in 2004 to develop an annex to the SEOP to address special needs populations. The annex is to be finalized in 2005 and addresses issues related to planning by local emergency managers for a broad range of special needs populations including mental health consumers, persons with disabilities, culturally diverse groups and individuals who are deaf or hearing impaired.

NOTIFICATION OF DMH PROVIDER SYSTEMS

DMH will notify its provider systems as described in the early notification system section above.

NOTIFICATION OF PRIVATE SECTOR MENTAL HEALTH ENTITIES

The HAN provides for notification to private psychiatric hospitals licensed in Missouri. In collaboration with DHSS and the Special Needs Population planning coalition, efforts will be undertaken to develop a broadcast notification system in cases of extreme emergency to notify them of impact on their operations and contacts for support and mutual assistance to other health and mental health facilities.

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EVACUATION

STATE MENTAL HEALTH AUTHORITY (SMHA) OFFICES AND FACILITIES

State-operated facilities and Department of Mental Health (DMH) Central Office each maintain emergency plans and procedures for a variety of possible hazards. Evacuation, shelter in place and other responses are described in the plans consistent with the nature of the situation. Business continuity plans will provide further detail about recovery and continuity of operations.

ALTERNATE SITE PLANS

The DMH Central Office Business Continuity Plan and the plans for each facility will outline plans for an alternate site.

LINKAGE WITH SEMA EVACUATION PLANS & OPERATIONS

The SEOP clearly delegates to DMH responsibility to establish plans and procedures for its facilities related to emergency response and evacuation as well as for Continuity of Operations/Continuity of Government (COOP/COG). Transportation in a regional or statewide evacuation effort would be problematic and additional planning and prioritization as well as surge capacity should be addressed.

MENTAL HEALTH SERVICES AT SHELTERS & MASS CARE FACILITIES

The Missouri Dept. of Social Services is responsible for the Mass Care Annex in Missouri's SEOP. Shelters and feeding sites are operated by the Red Cross in Missouri using Red Cross volunteers, including mental health response volunteers. Issues in sheltering special needs populations will require additional planning.

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MASS CARE

COORDINATION WITH STATE EMERGENCY OPERATIONS PLAN (SEOP)

The Missouri Dept. of Social Services (DSS) is responsible for the Mass Care Annex in Missouri's SEOP. Shelters and feeding sites are operated by the Red Cross in Missouri using Red Cross volunteers, including mental health response volunteers. Issues in sheltering special needs populations will require additional planning and are being addressed in the Special Needs Population Annex that is to be added to the SEOP in 2005.

LINK WITH RED CROSS AND OTHER VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER (VOAD)

The Department of Mental Health (DMH) is an active member of MOVOAD which meets quarterly. In addition, both MOVOAD and DMH are active members of the Disaster Recovery Partnership that meets quarterly. Both meetings as well as shared activities at exercises and awareness activities provide opportunities to communicate, collaborate and coordinate limited resources more effectively.

DMH maintains a Memorandum of Understanding (MOU) with the American Red Cross (ARC) to govern activities and responsibilities related to Missouri's Disaster Leave program that affords disaster leave time for deployed DMH staff in federally declared emergencies.

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

HEALTH AND MEDICAL

STATE EMERGENCY MANAGEMENT AGENCY (SEMA) COORDINATION AND PLANNING FOR MEDICAL FUNCTIONS

The Missouri Dept. of Health and Senior Services (DHSS) is designated as the lead agency for Annex K of the Missouri State Emergency Operations Plan (SEOP). The Missouri Department of Mental Health (DMH) is designated as one of thirteen support agencies for Annex K. Two of the nine assumptions for Annex K are:

- "All health care facilities in the state have developed emergency plans in accordance with state and federal regulations. The plans are tested and exercised regularly."
- "Coordinating activities of all responding groups is important."

These assumptions establish expectations that DMH and its facilities are part of a complex health care system that will face multiple challenges in terms of preparedness, response and recovery and that these stages require interdependent plans and activities in emergency situations.

Annex K further states that "DHSS has primary responsibility for coordinating health and medical functions for the state." It further indicates that all local and state health entities will coordinate their activities, supply requests and requests for federal assistance with DHSS. The State Emergency Operations Center (SEOC) will coordinate all requests of medical assistance from neighboring states and the federal government.

Under Assignment of Responsibilities, the SEOP lists the following three tasks –

- Provides mental health support (including crisis counseling) to disaster victims, workers and volunteers
- Coordinates mental health services and resources with public and private agencies in emergency operations centers, shelters, resource and recovery centers, and other appropriate settings
- Develops a SOG to provide mental health support and crisis counseling to disaster victims, workers and volunteers

The Department of Mental Health will utilize this written all hazards plan as its SOG as required in the third bullet.

DMH will explore the option of developing a mental health annex in future years as its infrastructure and resources permit. A mental health annex should only be pursued if the following criteria are met:

- ❖ Long term funding is available to support full-time staff to plan for and coordinate disaster mental health related activities;
- ❖ Dedicated GR or federal dollars are available to support response and recovery phase mental health services without jeopardizing service access and availability of active DMH clients;
- ❖ Contractual or written agreements are in place to specify roles of mental health and substance abuse providers in disaster response; and
- ❖ Level of planning, response, recovery and exercise activities warrant dedicated mental health resources.

MENTAL HEALTH ROLES AND TARGET POPULATIONS

As outlined in the Concept of Operations Grid, the following key populations have been identified for each emergency phase.

PRE-INCIDENT	**IMPACT & RESCUE** (0-48 HOURS) (0-2 WEEKS)	**RECOVERY** (2 WEEKS TO 1 YEAR)
▪ General public ▪ DMH clients ▪ Special Needs Populations o Children o Elderly o Persons with disabilities o Homeless o Diverse cultures ▪ Emergency Responders ▪ Mental health workforce	▪ Victims & survivors and their families ▪ Emergency Responders & their families ▪ DMH clients ▪ Community(ies) affected *(geographic area near "ground zero" to include residents, workers, schools, businesses, churches affected)* ▪ General public *(in terrorist events or public health emergencies)* ▪ Mental health workforce	▪ Victims & survivors & their families ▪ Emergency Responders & their families ▪ DMH clients ▪ Community(ies) affected ▪ Formal helping systems (government & private sector, domestic violence) ▪ Health care providers & primary care providers, including mental health treatment providers ▪ Natural & informal helping systems ▪ Awareness & education of general public to reduce stigma & increase help-seeking behavior

The specific populations and strategies for outreach will be influenced by the nature and scope of the event as well as the availability of resources for funding mental health and substance abuse efforts. General revenue resources are not appropriated for mental health and substance abuse services to persons unless they meet clinical or diagnostic eligibility, functional eligibility over time (often referred to as disability) or financial eligibility. Consequently, mental health and

substance abuse service resources would require resource development and grant writing through the Federal Emergency Management Agency (FEMA), the Substance Abuse and Mental Health Services Administration (SAMHSA) or Health Resources and Services Administration (HRSA).

As with the floods of 1993 and 1995, General Revenue budget requests may be made to address the mental health and substance abuse treatment needs not met by federal or other funding options.

COORDINATION WITH RED CROSS MENTAL HEALTH SERVICES

DMH coordination with Red Cross mental health services is achieved through:

- Joint participation in the Missouri Voluntary Agencies Active in Disaster (MOVOAD) which meets quarterly in routine circumstances and more often in an event;
- Joint participation in Missouri's Disaster Recovery Partnership which meets quarterly in routine circumstances and more often in an event;
- Maintenance of a Memorandum of Understanding (MOU) with the Red Cross that governs use of disaster leave for DMH employees who are trained Red Cross volunteers;
- Involvement of Red Cross representation on the mental health planning effort;
- Protocols for communication between the lead for Red Cross Mental Health and the DMH Disaster Services Office upon arrival in the state; and
- Protocols for communication with local mental health centers upon activation of Red Cross mental health services.

In addition, DMH and the Red Cross participate together in state and local exercises and awareness activities as well as the Education committee of the Missouri Security Council, providing opportunities to communicate, collaborate and coordinate limited resources more effectively.

COORDINATION WITH RED CROSS HEALTH SERVICES

The Department of Health and Senior Services (DHSS) is lead for health and medical and will provide coordination with other health services. DMH in its support role with DHSS will benefit from the communication and command structures they establish to accomplish coordination.

COORDINATION WITH NOVA

In Missouri, the National Organization for Victim Assistance (NOVA) has active chapters across the state and dispatches volunteers to assist in disaster events. DMH has met with the NOVA director for Missouri and regularly communicates regarding status and deployment in events. In addition, NOVA is a member of MOVOAD and participates in state level exercises.

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RESOURCE MANAGEMENT

PURPOSE

The capability to address the spectrum of mental health and substance abuse needs and populations in a disaster situation is an important role and function for the public mental health authority. The Disaster Services office is located in the Department of Mental Health (DMH) Director's Office and is responsible for resource development and management for disaster-related mental health needs.

The Disaster Services Office staffs a committee (the READI Team) including representation from the three DMH divisions and DMH Administration. This committee affords opportunities to collaborate in resource development and management activities.

PERSONNEL

Resources currently being utilized to support the office and other activities include:

- Grant funding for administrative and all-hazard planning activities for mental health and substance abuse services by the Substance Abuse and Mental Health Services Administration (SAMHSA); and
- Grant funding for bioterrorism and public health related planning from the Health Resources and Services Administration (HRSA) through Missouri Dept of Health and Senior Services (DHSS).

The HRSA funds are used to support the personnel costs for 2 FTE associated with the Disaster Office while the SAMHSA grant funds part time clerical support for office.

The DMH budget does not include any general revenue funding for disaster-related services. In a disaster event, mental health and substance abuse related needs would require funding from either:

- Federal Emergency Management Agency (FEMA) grants for immediate and regular services of the Crisis Counseling Program (CCP) in federally declared disasters; or
- SAMHSA Emergency Response Grant (ERG); or
- Other funding that might become available.

The Disaster Services office would be responsible for grant development and administration of funds obtained with assistance and resources from the Divisions of Comprehensive Psychiatric Services (CPS) and Alcohol and Drug Abuse (ADA). Grant development and administration requires close

collaboration with local community mental health and substance abuse providers. These funds would be utilized predominantly for hiring outreach workers and crisis counselors to provide assistance in communities.

TRANSPORTATION

Transportation is typically accomplished through reimbursement of staff for use of personal vehicles. If this is not possible due to the nature or scope of an event, additional language will be added to grant requests to accommodate extraordinary transportation issues and needs.

COMMUNICATIONS EQUIPMENT

Through partnership with DHSS, the Missouri Highway Patrol and the Missouri National Guard at the state level, DMH could access satellite phones and communications as well as radio transmission through the law enforcement network or military network as needed. Local community mental health and substance abuse agencies will be encouraged to explore with their local emergency management agency feasibility of use of local radios that would be interoperable with local responders should they be needed in an emergency event. Funding for such equipment could be included in a FEMA grant for an event response or may be pursued as a Homeland Security grant request.

EMERGENCY EQUIPMENT

Drive-away and deployment emergency kits are typically not maintained by community mental health and substance abuse providers. Education and awareness activities will be pursued about appropriate contents for kits and possible funding options. Generally, the kits should contain the information and supplies necessary to assist a person in effectively serving in an assigned response role in a disaster event.

In addition, consideration will be given to development of certification standards that would establish minimum standards for providers. As part of a FEMA CCP grant proposal, DMH in concert with its providers will include expenses for such kits as part of its budget.

MASS CARE SUPPLIES

If outreach workers or crisis counselors were to be isolated or would need to remain at the service provision site, support would be sought from Red Cross, Salvation Army, Baptist Relief or another MOVOAD agency to assure that their feeding and care needs were addressed. These requests would be managed through the established EOC at the local, state or federal level, as appropriate to the circumstances.

INTRASTATE MUTUAL AID

Missouri has not historically utilized mutual aid as a strategy for mental health providers responding to disaster events. Efforts will be undertaken to build awareness of this option as a resource for mental health and ADA providers as well as with other human service agencies and affiliated volunteers of other agencies. A formal committee would be commissioned to further explore and establish protocols and written agreements to accomplish a mutual aid system or network for mental health and substance abuse disaster-related services.

UNAFFILIATED VOLUNTEERS

In its mental health and substance abuse response to a disaster event, DMH has made the decision not to use unaffiliated volunteers. In reaching this decision, the critical factors for recommending against such use are:

- Absence of any background screening mechanisms;
- Vulnerability of victims to financial and other victimization;
- Inability to insure for liability or for workers compensation; and
- Lack of training in disaster services can result in use of interventions and strategies that are not evidence-based and may cause emotional harm for some individuals.

It should be noted that JCAHO accredited facilities may have the ability to accept licensed medical and allied professionals through established protocols to support surge capacity.

INTERSTATE AND FEDERAL ASSISTANCE

Aid and assistance from other states would be sought through the following established mechanisms:

- The Emergency Management Assistance Compact (EMAC);
- Requests to SAMHSA for mental health or substance abuse consultants or assistance; and
- Requests for federal assistance through the State Emergency Management Agency (SEMA).

Informal linkages are also established with the disaster mental health leads in bordering states and their resources could also be utilized with the proper approvals.

FINANCIAL AND LEGAL ACCOUNTABILITY

HIPAA requires that each covered entity (includes DMH and its providers) must establish a business continuity plan to assure that its infrastructure for financial and legal accountability is maintained in the face of disasters or other business interruptions or disruptions. These business continuity plans will establish action steps to assure continuity of services and accountability of services for clients

who rely on their availability for care and treatment. These plans also assure rapid recovery of needed administrative functions and accountability.

NEEDS ASSESSMENT

Needs assessment in mental health and substance abuse during disasters relies on the framework of the FEMA CCP, extrapolating mental health need from damage reports and reports of death and injury. Added to the equation are unique demographic or cultural considerations that may increase need or accommodations required. In addition, media coverage and other anecdotal information is utilized to highlight and give a human face to the disaster's impact. These are low-cost and low-tech methods that do not require great expense or technology in a rapidly changing environment where communications may be chaotic or disrupted.

Needs assessment tools are available online at the following site:
www.mentalhealth.samhsa.gov/cmhs/EmergencyServices/progguide.asp.
In addition, a workbook and CD Rom are stored in the disaster coordinator's office and at her home.

As the evidence base for other forms of needs assessment develops, consideration may be given to use of more sophisticated and statistical methods. At that time, the costs of such methods would need to be considered and resource development would need to be undertaken.

ALL-HAZARDS SPECIFIC PLANNING CONSIDERATIONS

FLOODING

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• Two large rivers flow through the state with many streams • Large dams, both privately owned and Corps of Engineers • History of both slow-rising and flash flooding	• Anticipatory stress of slow rising • Economic and job losses due to business damage & interruption, impact on tourism and cost of public infrastructure (roads, bridges, sewers, etc.) • Short and long-term impact on farm operations	• Outreach for hard to reach farm families • Employer partnerships • Collaboration with: o unemployment benefit agencies and economic development o domestic violence shelters o insurance regulators • Address needs of public facilities located in flood plain (jails, prisons, airports, roads, utilities)

HAZARDOUS MATERIALS (INCLUDING CHEMICAL)

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• Kansas City has second largest rail yard in US • Two major east-west interstate highways • Large amount of illegal methamphetamine production labs • Risks associated with flooding causing hazmat issues	• Missourians not accustomed to evacuation & shelter in place strategies • Manmade events typically create higher stress • Exposure & decontamination issues create additional stress • Visibility of hazmat suits increases concerns & potential for uncooperative public • Media visibility • Potential for mass care or mass casualty situation	• Risk communication • Surge capacity • Targeted outreach • Well-being and exposure of emergency responders, including mental health workers

HURRICANE/TSUNAMI

Not applicable in Missouri.

FIRE

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• KC has highest rate of residential fires of any city in US • High rise residences and health facilities in St. Louis and Kansas City • Extensive forest land is southern Missouri • High reliance on volunteer fire departments in rural Missouri • Fire risk associated with earthquakes • Large gas pipelines cross MO and large petroleum storage facilities exist across the state • Absence of stringent fire code protections in rural Missouri	• Psychological response greater if: • Occurs in caring facility • Kids, elderly are victims • Mass casualty • Perceived as blame due to failure of regulators	• Red Cross assists fire victims but many areas of rural MO are not covered by a Red Cross chapter • Coordination with Red Cross

EARTHQUAKE

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• New Madrid fault active and has potential for large seismic event • Anticipated to have great regional impact along river bed, placing St. Louis at risk • Limited earthquake mitigation • Building codes only recently addressed earthquake resistant practices and materials • Large number of bridges and overpasses at risk of damage or destruction causing disruption in transportation, commerce, and travel	• Unfamiliar to Missourians • Continued threat and anxiety regarding recurrence & aftershocks • Multiple threats (fires, utility failure, basic needs and access to health care may be disrupted) • Potential for catastrophic damage • Potential for mass casualty, especially if occurs in daytime • Public health concerns • Disrupts basic social institutions (school, government services)	• Family reunification • Sheltering, likely long term • Alternate communications • Alternate transportation • Access to basic needs, including health care • Lessons learned in Northridge & other earthquakes

MILITARY CHEMICAL AGENTS & MUNITIONS

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• Ft. Leonard Wood, Whiteman AFB and Jefferson Barracks are military installations located in Missouri • Presence of Missouri contractors who handle disposal of outdated munitions and other weaponry	• Mistrust regarding communications from the military • Fear of exposure or unsafe practices • Lack of knowledge and understanding regarding risk in our own back yard • Media visibility	• Communication protocols • Absence of resources for non-military or civilian mental health support • Possible events include accidental munitions or other discharge, military plane crash or terrorist activity

RADIOLOGICAL HAZARDS

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
Typical of other states with comparable demographics	• Lack of familiarity • Psychological sequela to burn and disfigurement injuries • Expensive health care treatment and protracted treatment, possibly with death occurring much later • Stress on health care workers and system • Exposure risk and concerns by public • Long term nature of risk and health implications • Increases if children or other vulnerable populations are disproportionately affected • Media coverage • Emergency responder stresses due to nature of injuries and exposure issues	• Coordination with DHSS and health care providers • Surge capacity and cost to health care system • Planning for pediatric issues • May require more advanced training, expertise and education than a typical disaster • Risk and exposure issues for HCWs and other responders

NUCLEAR POWER PLANTS

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• Callaway Nuclear Plant owned by Ameren UE and located in mid-Missouri • University of Missouri-Columbia operates a nuclear reactor • Northwest Missouri is in potential impact area for Cooper nuclear plant located in another state	• Mistrust of industry and their concern for public health • Invisible threat with potential for long-term health consequences • Manmade threat with "questionable" benefit to some increasing psychological risk • Anger and cooperation with official directives may be an issue • Exposure issues due to "transient" exposure via highway travel, transportation of food through area, agricultural exposure • Concern about water contamination • Great economic impact • Impact on power generation and power grid, especially in high use periods • Media coverage	• Risk communication • Public/private coordination & communication • Rumor control

NUCLEAR CONFLICT

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• Low • Presence of military installations and seats of government as targets	• Likely to be mass casualty event • Unprecedented levels of fear • May increase cooperation due to heroic & patriotic responses • Mental health needs subjugated by survival concerns; mental health issues arise later as survival concerns abate • Some groups may become scapegoats or targets due to nationality or behavior • Characterized by grief & traumatic grief • Disrupts basic social institutions like school, work, government operations	• Risk communication • Assume massive disruption of utilities and communications • Plan for flight response and hoarding • Assume martial law and restrictions on travel • Public education options since outreach & field work may not be feasible due to dangers & travel restrictions • Family reunification issues • Coordination with military

SNOW & ICE

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• Significant risk • Typically accompanied by travel and utility disruptions failure • Interference with access to health care • Failure of utilities that support life-sustaining medical supplies & equipment in residences and care facilities	• Helplessness & isolation • Disproportionate impact on medically fragile and disability populations • Interrupts formal and informal helping networks • May lead to institutional care for people who would prefer to live at home • Economic impact & temporary job loss	• Planning for special needs populations unduly impacted by event, especially medication dependent individuals (including methadone treatment clients) • Special needs shelters • Utility and special needs registries • Telephone notification & outreach • Hospital and nursing facility planning and regulation • Redundancy for home care planning • Additional supplies in emergency kits for people with medical conditions • Access to generators and AWD transportation

TORNADO & DAMAGING STRAIGHT-LINE WINDS

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
High risk in Missouri with recent federal declarations in 2003 and 2004	• A familiar risk for Missourians • Sudden with little warning • May be sustained risk over hours and days for stationary fronts or associated flood risk • Little help for farmers who experience agricultural and infrastructure losses and may have long-term financial implications • When there is disproportionate impact on children, schools • Greater likelihood of warning issue, inability to evacuate, being trapped • Potential for mass casualty	• Warning for all populations, especially addressing language, media used, and disability populations • Shelter and housing issues

CIVIL UNREST OR COMMUNITY VIOLENCE (INCLUDING SERIAL MURDER, SCHOOL VIOLENCE, PRISON VIOLENCE/ESCAPES, OR HATE CRIMES)

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• May be associated with special events such as political events, sporting championships, etc. • Likely to involve arrests and criminal justice system involvement	• Media attention • Anger and blame common for survivors and victim families since it is manmade • Political ideology can heighten passion, blame associated with event • Victims & community members may self-isolate and may lack social support • Often financial implications for victims in terms of health care, lost time on job or job loss, etc. • Greater distress if children are victims • Unrealistic perception of risk and likelihood of behavioral change to mitigate risk • Often disrupts formal and informal social networks and social institutions such as school or church	• Coordination with law enforcement • Coordination with NOVA • Difficulty in outreach due to dispersal of people to home communities

AGRICULTURAL DISASTERS & ANIMAL HEALTH EMERGENCIES

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• Second largest cattle producing state in US • Agri-business one of largest MO industries	• Potentially catastrophic economic losses • Farmer, sale barn owner, bankers and veterinarian difficulty with depopulating herds • Impact on public perceptions re: food safety and may further depress markets • Self-blame by farmers for perceived "failures" • May lead to quarantine and isolation issues for contagious diseases • Disruption of basic institutions such as church, school • Farm families lose lifestyle, not just a "job" • Will be characterized by fear and potential panic if human caused event	• Design outreach strategies for farm families, typically difficult to reach • Use of outreach workers inside the hot zone when quarantines occur • Risk communication with various populations o Farmers o Ag industry o General public o Veterinarians • Planning with DHSS

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
	• Disrupts travel and transportation if contagion is an issue • Implications on self report of disease and reporting neighboring farms	and Agriculture • Enforcement of quarantines

IMMIGRATION EMERGENCIES

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
Missouri's demography has changed dramatically in recent years and continues to change	• Cultural differences in problem solving, gender roles, grief & loss, ritual, etc vary significantly • Non-verbal communication sometimes interferes with cross-cultural communication • Lack of trust of government among some groups (African Americans, refugees, undocumented aliens) • Victimization issues	• Warning systems must accommodate language and cultural barriers • Interpreter services should be integrated • Recruitment of indigenous workers for mental health services • Public health emergencies • Identification of indigenous leaders as communication and credibility tools • Access non-traditional and natural helpers for outreach (spiritual leaders, natural healers, midwives, elders, etc.)

TIDAL WAVE

Not applicable in Missouri.

OTHERS

Other events that are not addressed that would have dramatic psychological impact are:

- ❖ Commercial aviation disasters, and
- ❖ Massive power outage or failure of the power grid.

See charts below identifying issues for planning consideration.

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
Two commercial aviation disasters in Missouri within 10 days in 2004	• Potential for mass casualty • Affects travel patterns leading to economic issues • Fear of terrorism whenever aviation disasters occur • Impact on non-traditional responders such as airport and airline personnel, coroner, others • Survivor guilt issues • Traumatic nature of grief • Spiritual questioning • Cultural considerations and respect related to handling of bodies, death rituals • Gruesome nature of scene and injuries of survivors • Identification or over-identification with victims • Media visibility • Blame	• Requires close collaboration with Red Cross, charged with responsibility in federal law • Reliance on local mental health and substance abuse providers for first 12-48 hours and for longer term needs after the Red Cross team has completed their assignment

POWER GRID FAILURE

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• Interference with access to health care • Failure of utilities that support life-sustaining medical supplies & equipment in residences and care facilities	• Helplessness & isolation • Disproportionate impact on medically fragile and disability populations • Interrupts formal and informal helping networks • May lead to institutional care for people who would prefer to live at home • Economic impact & temporary job loss	• Planning for special needs populations unduly impacted by event, especially medication dependent individuals (including methadone treatment clients) • Special needs shelters • Utility and special needs registries • Telephone notification & outreach • Hospital and nursing facility planning and regulation • Redundancy for home care planning • Additional supplies in emergency kits for people with medical conditions • Access to generators

A comprehensive hazard analysis for Missouri is available on line at the SEMA website: http://sema.dps.mo.gov\\hazard.htm

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

ALL-HAZARDS SPECIFIC PLANNING CONSIDERATIONS

TERRORISM

Missouri's Terrorism Risk

As a state, Missouri's risk for terrorism is comparable to the risk in other parts of the country with a couple of notable factors that warrant mention.

√ ***Missouri's leadership role in agricultural production and industry makes it a potential target for agro-terrorism.*** *The emotional and mental health issues related to such an animal health emergency or food tampering are significant, requiring design of a carefully constructed risk communication campaign that addresses behavioral responses of the general public in an event as well as the devastating impact on any victims/survivors and the producers who are impacted.*

√ ***Risk of domestic terrorism in Missouri is as significant, if not more, than the risk of foreign terrorist acts.***

Potential Terrorist Targets

Among the potential targets in Missouri that are attractive to terrorists are:

- Three large military bases, including Whiteman AFB in west central Missouri;
- Two large urban areas with international airports, federal buildings, public transportation systems, sports stadiums for professional teams, and other large public venues;
- The Gateway Arch in St. Louis and other tourist attractions;
- A network of gas and oil supply pipelines that traverse the state;
- The state capitol and complex of government buildings in Jefferson City;
- Nuclear power plants and hydroelectric plants;
- Extensive rail network and bridges including large rail yards in the urban areas; and
- Frequent host sites for special events and activities such as presidential debates, conferences, and celebrations (Fair St. Louis) that attract thousands of visitors.

Incident Management Plan for State Mental Health Authority (SMHA)

The Missouri Department of Mental Health (DMH) recognizes the value and importance of the National Incident Management System (NIMS) as an organizing framework for leadership and direction of response efforts in disasters, terrorism and other emergencies with multidisciplinary and inter-jurisdictional context. Although mental health does not typically utilize the same taxonomy as NIMS, its response efforts in an emergency must be designed with an understanding of how to communicate and

collaborate within a command organization to effectively carry out mental health roles and responsibilities. Consequently, the DMH READI team and crisis counseling program directors/supervisors will be provided training related to NIMS to prepare them to function efficiently and effectively in an event, including roles of state and federal partners in response activities as well as clear distinctions related to consequence and crisis management.

Examples of the value of knowledge of NIMS in a terrorist situation would be:

- Coordination with the Operations staff in a NIMS structure to discuss and establish badging and access requirements for the site of a terrorist event;

- Negotiating with the lead for Logistics for space, equipment and resources for a quiet and confidential area for mental health workers to meet with emergency responders (individuals and groups) as needed during the operation; and

- Working with the Planning lead for post-event recognition and memorial ceremonies.

DMH will encourage and support involvement of DMH staff and contractors in SEMA training courses related to NIMS as well as independent study and on-line courses.

NIMS can be used as a tool in organizing mental health response functions and activities. As a framework, its value for mental health includes the following characteristics:

- Provides a model for coordination and communication of multiple functions and disciplines in complex, high risk events;
- Offers flexibility since it is scalable; and
- Promotes planning for redundancy and continuity.

Graphic representation of NIMS to mental health programming is shown in Appendix 9.

Missouri State Emergency Management Agency (SEMA) Situation and Assumptions for Terrorism

The 2003 Missouri State Emergency Operations Plan (SEOP) lists the Missouri DMH as a support agency in the Terrorism Annex (Annex V). The Situation and Assumptions section of Annex V of the SEOP is excerpted below.

I. SITUATION AND ASSUMPTIONS

A. Situation

1. Missouri has many potential targets for terrorist activities. These include numerous federal and state facilities—military installations; courthouses; prisons; office buildings; religious, educational, business, and

manufacturing centers; airports; railroads; pipelines; power plants; public utilities; landmarks; sports arenas; and meeting places.

2. Law enforcement officials have identified a significant number of extremist groups operating in the state. Also, national and international terrorist organizations could target sites in Missouri.

3. Terrorism can come in many forms. Among these are bombings, arson, infrastructure attacks (on water, electric, gas, or telecommunications systems), mass shootings, cyberspace failure or disruption, transportation attacks (hijacking, bombing, sabotage), and common law courts. This annex covers the following forms of terrorism as defined by the Federal Emergency Management Agency (FEMA):

   a. **Weapons of Mass Destruction (WMD).** Any weapon designed or intended to cause death or serious bodily injury through the release, dissemination, or impact of toxic or poisonous chemicals, or their precursors; any weapon involving a disease organism; or any weapon designed to release radiation or radioactivity at a level dangerous to human life (18 USC 2332a).

   b. **Chemical Agent.** A chemical substance intended to kill, seriously injure, or incapacitate people through physiological effects. Hazardous chemicals, including industrial chemicals and agents, can be introduced via aerosol devices (including munitions, sprayers, or aerosol generators), breaking containers, or covert dissemination. A chemical agent attack might release a chemical warfare agent (such as a nerve or blister agent) or an industrial chemical that may have serious consequences. Whether an infectious agent or a hazardous chemical causes an outbreak may not be obvious early in an investigation; however, most chemical attacks are localized, and their effects become evident within a few minutes. Different chemical agents can be persistent or nonpersistent. Persistent agents remain in the affected area for hours, days, or weeks. Nonpersistent agents have high evaporation rates, are lighter than air, and disperse rapidly; they therefore lose ability to cause casualties after a few minutes (although they may persist longer in small unventilated areas).

   c. **Biological Agents.** Living organisms or materials derived from them that cause disease; harm humans, animals, or plants; or deteriorate materials. Recognition of a biological hazard can occur by: identifying it as a credible threat; discovering bioterrorism evidence (devices, agents, clandestine labs); diagnosing a disease caused by an agent identified as a possible bioterrorism agent; or gathering and interpreting public health surveillance data. People exposed to a pathogen such as anthrax or smallpox may not know they have been exposed, and those infected or subsequently

infected may not feel sick for some time. Infectious diseases typically proceed with a delay between exposure and onset of illness—the incubation period. The incubation period may range from several hours to a few weeks, depending on the exposure and pathogen. Unlike acute incidents involving explosives or some hazardous chemicals, direct patient care providers and the public health community are likely to first detect a biological attack on civilians. Terrorists also could use biological agents to affect agricultural commodities (agroterrorism). These agents including Mad Cow Disease, Hoof and Mouth Disease, Gray Leaf Spot of Corn, wheat rust or viruses that could devastate the local or even national economy.

d. **Radiological/Nuclear.** High-energy particles or gamma rays emitted by an atom undergoing radioactive decay. Emitted particles can be charged alpha or beta particles, or neutral neutrons, or gamma rays. The difficulty of responding to a nuclear or radiological incident is compounded by the nature of radiation itself. Also, involvement of radioactive materials in an explosion may or may not be obvious; depending on what explosive device was used. The presence of a radiation hazard is difficult to ascertain unless the responders have the proper detection equipment and the training to use it. Most of the many detection devices available are designed to detect specific types and levels of radiation—they are not appropriate for measuring or ruling out the presence of all possible radiological hazards. Terrorists may use the following delivery methods:

- An improvised nuclear device (IND) is any explosive device designed to cause a nuclear yield. Either uranium or plutonium isotopes can fuel these devices, depending on the trigger. While "weapons-grade" material increases the efficiency of a device, materials of less than weapons grade can still be used.

- A radiological dispersal device (RDD) is any explosive device that spreads radioactive material when detonated. A RDD includes an improvised explosive device that could be used by placing it in close proximity to radioactive material. A RDD also includes devices identified as "dirty bombs".

- A simple RDD spreads radiological material nonexplosively (for example, medical isotopes or waste).

e. **Explosives.** Conventional explosive devices or improvised bombs used to cause massive local destruction or to disperse chemical, biological, or radiological agents. Improvised explosive devices are categorized as explosive or incendiary—using high or low filler explosive materials to explode and/or cause fires. Bombs and firebombs are inexpensive and easily constructed. They are not technologically sophisticated. Of all weapons, these are the easiest to obtain and use. The components are readily available, as are detailed instructions for constructing these devices. They are the likeliest terrorist weapons.

f. **Cyber Terrorism. "**Malicious conduct in cyberspace to commit or threaten to commit acts dangerous to human life, or against a nation's critical infrastructures … in order to intimidate or coerce a government or civilian population … in furtherance of political or social objectives. "

g. **Agroterrorism.** A distinct form of bioterrorism targeted specifically at agriculture production. Agroterrorism affects both crops and livestock. Refer to Section II.A.3.c. for general details on bioterrorism and Annex W, Animal Emergency Disaster, for incidents resulting with mass livestock casualties.

4. State agencies adjust their states of readiness under a terrorist alert level.

B. Assumptions

1. The U.S. Attorney General has lead responsibility for criminal investigations of terrorist acts and threats. The FBI is the Primary Federal Agency (PFA) responsible for investigating a terrorist incident. Initial responsibility for the crime scene falls to the local law enforcement entity with jurisdictional responsibility. The Missouri State Highway Patrol (MSHP) supports both local and federal law enforcement as needed.

2. When ordered by the United States Attorney General, the FBI's role as the PFA transitions to the FEMA who becomes responsible for recovery operations from the terrorist incident. The State Emergency Management Agency (SEMA) supports local and federal agencies as needed.

3. All State departments and agencies operate according to the general procedures outlined in this annex. State agencies support the PFA.

4. No single agency at the local, state, federal, or private-sector level possesses authority and expertise to act unilaterally on the many difficult issues that may arise in response to a threat or act of terrorism—particularly if WMD are involved.

5. An act of terrorism, particularly an act involving WMD directed against a large population center within the State of Missouri, has major consequences that immediately overwhelm the capabilities of local, state, and federal governments.

6. Local, state, and federal responders define working parameters that may overlap. The responders' capabilities may be used to target public information messages, assign operational sectors among responding organizations, control access to the area, and assess potential effects on the population and the environment. Absent adequate coordination, different authorities may enforce control of these functions, which could impede the overall response.

7. If appropriate personal protective equipment is not immediately available, entry into a contaminated area (hot zone) may be delayed until the material dissipates to levels safe for emergency response personnel. Responders should also be aware that secondary devices may be present, or the terrorist may be targeting the first responders.

8. Terrorist incidents exert physical and psychological effects on citizens.

9. Response and recovery phases of a terrorist incident overlap.

10. All public information is disseminated in accordance with Annex R (Emergency Public Information).

Surge Capacity

Workforce development for mental health response will be accommodated through use of strategies that extend capacity through partnerships and integration with health care resources. Planning efforts recognize the greater mental health impact of terrorism on the general population and special needs groups. Strategies include:

- SMHA partnership with Missouri's Voluntary Organizations Active in Disaster (MOVOAD);
- SMHA involvement in Missouri's Disaster Recovery Partnership:
- SMHA leadership and involvement in the Special Needs Population Committee with the Dept of Health and Senior Services and Division of Vocational Rehabilitation (DVR) of the Dept. of Elementary and Secondary Education (DESE);
- Maintenance of a Memorandum of Understanding (MOU) with the American Red Cross;
- Utilization of Missouri's Disaster Leave statutes to release state employees for disaster-related relief services;
- Integration and support of mental health responders on Medical Reserve Corps teams across the state;
- Collaboration with surrounding states SMHA for efficiency, support and interstate deployment, especially in metropolitan areas;

- Promotion of mutual aid agreements among Missouri's Community Mental Health Centers (CMHCs) and ADA providers;
- Use of Missouri's professional registration and licensure resources for credentialing and recruitment of qualified professionals for response activities;
- Support of the National Guard and other Spiritual Care outreach and training programs related to response to traumatic events; and
- Offering training and consultation opportunities in crisis counseling, psychological first aid and related information to promote recruitment from diverse audiences as crisis counseling responders including but not limited to school and education, hospital and health care workers, crime victims assistance volunteers, and university settings.

Missouri has critical manpower shortages in the mental health specialties and it is recognized that strategies must not only maximize use of existing resources, but also integrate mental health competencies into training for health care workers, and utilize public education campaigns with primary care physicians.

Given the best effort, it remains an expectation that natural helpers and self-care promotion will be the most effective strategy for meeting the needs of the most individuals in the timeliest manner. With the understanding that Americans are generally resilient and live in the context of supportive and caring communities, most people will be able to weather the mental health impact of a terrorist event without long term adverse consequences.

SMHA integration into SEMA Plan Activities

Concerted efforts were made in the 2003 SEMA SEOP revision to integrate the SMHA into response efforts throughout the plan. The attached Primary and Support Responsibilities Chart from the SEOP demonstrates DMH involvement in the plan. DMH is reflected with support responsibilities in 12 annexes of the plan. DMH will also be a key player in the Special Needs Population Annex to be finalized and incorporated in the SEOP in 2005.

SEMA offers the following narrative in interpretation of the chart.

- The chart shows assignments for state disaster response and depicts relations of primary participating agencies to each function.

- This chart portrays primary and support responsibilities to various organizations for each emergency function in the SEOP.

- Only departments or agencies with major or unique roles are listed separately.

- Some emergency functions require shared or joint emergency responsibility— when more than one organization has special capabilities in the same functional area or when needs of an emergency function exceed the capability of a single organization.

- The chart is a general list of emergency assignments. Detailed information about execution of emergency functions is in the functional annexes and supporting documents.

PRIMARY AND SUPPORT RESPONSIBILITIES CHART FOR

MISSOURI STATE EMERGENCY OPERATIONS PLAN

unctional Annex	Function	Agency															
		Office of the Governor	Lieutenant Governor	Secretary of State	State Auditor	State Treasurer	Attorney General	Office of Administration	Department of Agriculture	Department of Conservation	Department of Corrections	Department of Economic Development	Department of Labor & Ind. Rel.	Department of Mental Health	Department of Natural Resources	Voluntary Organizations Active in Disaster	Civil Air Patrol
A	Direction and Control	P	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
B	Communications							S		S	S				S	S	S
C	Warning							S		S						S	S
D	Damage Assess./Incident Analysis							S	S	S	S	S		S	S	S	S
E	Transportation							S		S	S				S	S	
F	Law Enforcement						S			S	S				S		
G	Evacuation	P								S	S			S	S		
H	Resource Management							S	S	S	S	S	S	S	S	S	S
I	Mass Care								S		S			S	S	S	
J	In-Place Shelter														S		
K	Health and Medical								S		S			S	S	S	
L	Engineering and Public Works							S		S		S			S		
M	Fire Suppression									P*					S		
N	Hazardous Materials								S	S					P		
O	Search and Rescue									S	S				S	S	S
P	Radiological & Technological Prot.	S					S		S	S					S		S
Q	Disaster Recovery	S							S	S		S	S	S	S	S	S
R	Emergency Public Information	P					S		S			S	S	S	S		
S	Continuity of Government	S	S	S	S	S	S	S	S	S	S	S	S	S	S		
T	Mortuary Services													S	S		
U	Donations Management							S			S					S	
V	Terrorism	S						P**	S	S				S	S		
W	Animal Emergency Disaster	S					S		P	S		S		S	S	S	

Notes:
P Primary
S Secondary
* Shared Primary Agencies
** Primary for Cyberterrorism

PRIMARY AND SUPPORT RESPONSIBILITIES CHART FOR

MISSOURI STATE EMERGENCY OPERATIONS PLAN (Continued)

Functional Annex	Function	Agency																
		Department of Elementary and Secondary Education	Department of Health and Senior Services	Department of Higher Education	Missouri Department of Transportation	Department of Insurance	Department of Public Safety	Missouri National Guard	State Emergency Management Agency	Division of Fire Safety	Missouri State Highway Patrol	Liquor Control	Missouri State Water Patrol	Department of Revenue	Department of Social Services	Judicial Branch	State Legislature	Missouri Funeral Directors Association
A	Direction and Control	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
B	Communications				S		S	S	P*	S	P*		S					
C	Warning				S		S		P*		P*		S					
D	Damage Assess./Incident Analysis	S	S	S	S		S	S	P		S		S		S			
E	Transportation				P		S	S			S		S					
F	Law Enforcement						P	S		S	S	S	S			S		
G	Evacuation	S	S		S		S	S	S	S	S		S					
H	Resource Management	S	S	S	S	S	S	S	P	S	S	S	S	S	S			S
I	Mass Care	S	S	S				S							P			S
J	In-Place Shelter	S							P									
K	Health and Medical		P		S		S	S	S		S		S		S			S
L	Engineering and Public Works		S		S			S	P									
M	Fire Suppression							S	S	P*	S							
N	Hazardous Materials		S		S		S		S	S	S		S					
O	Search and Rescue				S		S	S	P	S	S		S					
P	Radiological & Technological Prot.		S		S			S	P		S		S					
Q	Disaster Recovery		S	S	S	S	S	S	P	S				S	S		S	S
R	Emergency Public Information		S		S		S	S	S	S	S		S		S			
S	Continuity of Government		S	S	S	S	S	S	P	S	S	S	S	S	S	S	S	
T	Mortuary Services		S					S	S		S		S		S			P
U	Donations Management				S				P									
V	Terrorism		S					S	S	S	P		S					
W	Animal Emergency Disaster		S		S		S	S	S		S		S		S			

Notes:
P Primary
S Secondary
* Shared Primary Agencies
** Primary for Cyberterrorism

In addition to the statements of DMH responsibility in the SEOP, planning discussions and procedural development have included contributions to the following functional areas related to the issues listed below, shaping an improved capacity in all hazards responses.

SEOP Functional Activity	**SMHA Contributions to Planning & Procedural Work**
Warning	SMHA not named as support agency but involvement in planning and communications has established SMHA as critical partner for risk communications
Communications	SMHA remains actively involved in Homeland Security Communications Committee
Emergency Public Information	• SMHA has developed foundation for mental health related messages for a variety of populations and events • Through DHSS and SEMA involvement, SMHA is invited to be part of JIC and participates in development and review of communications • SMHA has access to numerous mental health-related fact sheets through internet and stored files for a variety of scenarios
Mass Care	• SMHA is listed as a support agency in the annex in support of the Dept of Social Services (DSS) with roles specified as: o Coordination of crisis counseling to victims & responders o Coordination of mental health services to victims & responders • In actual operations, mass care is a function of Red Cross and Salvation Army with infrequent requests for services in shelter situations • SMHA is an active partner and plays leadership role in the Special Needs Population (SNP) Committee that would be involved in sheltering for special needs individuals
Health & Medical	• SMHA is support agency to the Dept of Health and Senior Services (DHSS) • DHSS supports SMHA through funding of two staff members through HRSA grant • Key focus areas for planning and operations are established in HRSA including but not limited to: o Surge capacity for mental health needs as well as medical/surgical needs o Preparation for mass casualty and mass fatality events o Addressing Special Needs Population planning

SEOP Functional Activity	SMHA Contributions to Planning & Procedural Work
	• Discussion of HIPAA impact on information sharing in an emergency event from both crisis management and consequence management perspectives • Examination of mental health issues as they relate to contagion, quarantine, and worried well and recommendations related to planning
Resource Management	• SMHA is not listed as a support agency in Annex U, Donations Management • However, SMHA is actively involved in discussions in mutual aid and surge capacity related to: o Credentialing and training of mental health volunteers including recruitment, record-keeping and background screening o Collaboration with NOVA, OVC, Red Cross and other organizations that recruit and provide volunteers in emergencies

Annex S of the SEOP addresses Continuity of Government, a requirement for all state offices. The Missouri Department of Mental Health has undertaken an unprecedented COOP/COG planning effort to establish strategies for continuity of essential functions, succession of leadership and alternate site operations. The plan, based on FEMA's 2004 Interim Guidance for State and Local Government as well as HIPAA Security requirements, is projected for completion in April, 2005 and the maintenance process will establish regular review and update of the plan. The DMH Security Coordinating Team, in collaboration with the DMH Executive Team will establish the plan and will activate it as needed. The plan will be exercised periodically. A DMH Department Operating Regulation will be promulgated that requires each DMH facility to maintain a Business Continuity Plan consistent with the central office plan and guidelines.

State Public Health Authority (SPHA) Collaboration

The Department of Health and Senior Services is Missouri's single state public health authority (SPHA) and has primary responsibility for development and maintenance of Annex K, Health and Medical for the SEOP. The plan was updated and revised in 2003 and the work unit with primary responsibility for the plan and any activation necessary is the Center for Emergency Response and Terrorism (CERT). The CERT maintains a 24/7 Department Situation Room DSR) as well as a cadre of staff with extensive planning, surveillance, and lab responsibilities that would be activated in a public health emergency. The SMHA and DHSS CERT collaborate in the following activities:

- ☑ SMHA staff are funded by DHSS for involvement in planning, training and response activities;
- ☑ SMHA staff attend CERT staff meetings on a monthly basis;
- ☑ SMHA goals and responsibilities are set in the HRSA grant development process and are reflected in a Memorandum of Agreement between DHSS and DMH;
- ☑ SMHA activities are reflected in Annex K;
- ☑ SMHA staff conduct training and conference presentations as requested by DHSS;
- ☑ SMHA has been involved in planning for mental health needs in the small pox vaccination strategy for Missouri;
- ☑ SMHA is involved in exercise activities with DHSS;
- ☑ SMHA is interfacing with the Missouri Hospital Association (MHA), another key DHSS partner in preparation and planning for public health emergencies;
- ☑ SMHA receives all Health Alerts issued by DHSS;
- ☑ SMHA is on the DHSS DSR Activation list for public health emergencies.

In collaborative efforts, it has become apparent that planning for mental health needs under certain public health emergency situations would require unique and unprecedented activities such as:

- o Development of crisis counseling programs outside the context of FEMA in contagious disease outbreaks and other mass violence incidents;
- o Consideration of mental health needs and issues in application of public health strategies such as but not limited to quarantine, travel restrictions, forced treatment/prophylaxis, and rationing of limited treatment/prophylaxis;
- o Relocation of psychiatric patients from private to public facilities, as needed, to allow for the influx of individuals from a terrorist attack requiring medical/surgical capacity;
- o Management of public behavior in reaction to exposure scenarios involving biological, chemical or radiological agents; and
- o Social and economic influence of public health decisions on local, state, and national communities.

Collaborative discussions and joint planning have been critical in highlighting concerns in planning, communications and decision-making.

SMHA Involvement in SEOP Exercises and Drills

Missouri's SEMA and DHSS have established plans for conducting exercises and drills at the state and local level. DMH is routinely invited to and participates in statewide exercises and, on occasion is invited to regional and local exercise events.

For illustrative purposes, the following chart highlights exercises where DMH was an invited participant.

State	Regional, local & internal
o 2002 & 2003 SEMA Exercises (terrorism, SNS) o 2004 Homeland Security Missouri Blues Exercise o 2004 COOP/COG Exercise for state agencies o 2004 Agro-terrorism Exercise	o 2002 DMH Tabletop Smallpox Exercise o 2004 Kansas City SNS Full TED Exercise o 2003 Cole County IEMC course with exercise at Emmitsburg o 2004 hostage exercise at a DMH facility o 2005 DMH facilities internal exercise funded by SEMA o 3/05 Regional animal health scenario exercise o 5/05 DMH Internal Facility Anthrax Exercise o 2005 St. Louis area SNS Full TED Exercise

In addition to formal exercises, DMH was involved in response activities in 2004-2005 associated with tornadoes, ice storm, two commercial aviation accidents and a local power outage affecting the DMH Central Office, all of which provided opportunities to test portions of emergency plans and learn important lessons.

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

STATE MENTAL HEALTH AUTHORITY (SMHA)
CONTINUITY OF OPERATIONS

Using the Federal Emergency Management Agency (FEMA) Interim Guidance on Continuity of Operations (COOP) Planning for State and Local Governments dated May, 2004, the Missouri Department of Mental Health is in the development process for a comprehensive COOP plan. The FEMA guidance incorporates all required elements outlined in the Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health All-Hazards Disaster Planning Guidance. The plan will be freestanding and will be incorporated into this plan by reference.

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

OTHER SPECIAL PLANNING CONSIDERATIONS

State Mental Health Authority (SMHA) Involvement in State Emergency Management Agency (SEMA) Structure

The Department of Mental Health (DMH) is reflected as a support agency for multiple functions and annexes in the plan developed by Missouri's SEMA. Collaborative efforts are evident in the following activities:

- DMH presentations about mental health related topics at SEMA annual conferences;
- DMH representation on SEMA and Homeland Security Committees such as Special Needs Population Annex development, Education, Mutual Aid and others;
- DMH involvement in SEMA supported MOVOAD meetings and the Disaster Recovery Partnership;
- DMH inclusion in software training for the State Emergency Operations Center (SEOC); and
- SEMA funding support of DMH activities through joint efforts to develop FEMA crisis counseling applications and exercises.

DMH's primary staff liaison is in the SEMA Executive Branch in the position of Statewide Volunteer Coordinator. In addition, DMH works closely with SEMA's Chief Planner who is based in SEMA's Planning and Recovery Branch.

DMH also provides current 24/7 contact information to SEMA's duty officer for use when the State Emergency Operations Center is activated in response to an event. DMH maintains a hard copy resource notebook at the SEOC for use in an emergency; an electronic version is maintained on a DMH server and is available by dial-up connection if electrical power and telephone service are not disrupted. Each member of the DMH response team has an assigned laptop to assist with effective response and communications capabilities in the event the SEOC is activated.

Regional and Interstate Planning

Under the leadership of the Department of Health and Senior Services (DHSS), Missouri has conducted sessions with surrounding states regarding emergency and public health issues that would require multidisciplinary collaborative efforts in an event. Periodic meetings are planned as funding permits. This is a particularly critical issue in Missouri because it borders more states than any other in the United States. Because its two largest metropolitan areas are on its borders, regional planning efforts in Kansas City and St. Louis include interstate planning efforts. Mental health response capacity involves representatives from

both sides of the state line in these metropolitan planning initiatives. The DHSS General Counsel has been working on an agreement with Illinois regarding reciprocity of professional licensure; progress has been slow and sanction has been sought from CDC as a national standard for adjoining states.

In addition, informal discussions with surrounding states have been positive regarding interstate resource utilization for surge capacity and for relief in a sustained incident where mental health resources were activated. Other states' mental health representatives have offered support and resources for grant writing and development, training, and consultation in a large scale event. Missouri has also pledged its willingness to provide support and assistance to surrounding states as resources permit. Methods for making such requests could be through the Emergency Management Assistance Compact (EMAC), SAMHSA, DTAC or direct contact with the other SMHA.

As part of its mental health curriculum development efforts with St. Louis University's Heartland Center for Public Health Leadership, Missouri has been linked with a representative of the KU School of Medicine in Wichita, Dept of Preventive Medicine and Public Health who is interested in mental health curriculum development and delivery as part of the public health agenda. Efforts to collaborate and share work products will be explored.

It is important to note that Missouri is called upon to provide mutual aid to other states due to its central location and the fact that it is not directly affected by coastal events such as hurricanes, tidal waves and surges or other related events. Consequently Missouri must increasingly be prepared as a resource to other states such as in the 2004 hurricanes when Missouri sent a wide range of volunteer resources, utility teams, National Guard, and state employees to assist in the extensive response and recovery efforts. The DMH MOU with the American Red Cross allows DMH employees to respond to requests to work in federal disasters using disaster leave as permitted by Missouri statute.

Credentialing Mental Health Workers

The Missouri Department of Health and Senior Services has established three agreements that will assist in supporting credentialing of mental health workers in a disaster or public health emergency. DMH will participate in these initiatives:

- Missouri's Division of Professional Registration will maintain data about licensed professionals willing to assist in a disaster response effort to allow rapid recruitment and also to validate that an individual is appropriately licensed without conditions to participate in response efforts;
- A Learning Management System has been acquired by DHSS and SLU for maintaining information about training to verify that individuals have had appropriate training for functions they are performing in disaster response or emergency medical response efforts; and

- ♦ Planning with Illinois for an agreement of reciprocity of professional licensure and rapid verification of licensure status and identification for large scale events and interstate mutual aid is proceeding.

The DMH approach to credentialing of mental health workers will utilize the following principles:

- Requiring use of only VOAD or CMHC affiliated and supervised mental health volunteers and workers who have completed agency required background screens, verification of qualification and credentials, and disaster-related training;
- Development & provision of public domain training curriculum and components for mental health & spiritual care workers, health care workers, school personnel and emergency responders;
- Use the FEMA crisis counseling model as a foundation that:
    - Predicts healthy recovery for most individuals and identifies at-risk populations and individuals;
    - encourages use of paraprofessionals and indigenous workers;
    - recognizes need for enhanced or adjunctive services that require mental health professionals and specialized preparation such as mental health triage, emergency risk communication, bio-terror response and other exposure or quarantine scenarios, consultation; and
    - respects community norms and diversity;
    - relies on and supports natural helping systems and the resilience of communities.
- Compliance with established state laws for professional registration, recognizing that some disaster mental health functions require licensure while others do not; and
- Development of identification systems that prevent misrepresentation or exploitation of victim and survivors.

Event and Post-event Support for SMHA Staff

All staff potentially involved in disaster response are encouraged to develop family plans that address communication, special needs, and other preparation in anticipation of possible extended hours, reassignment to another location, or inability to reach home due to disruption of travel due to infrastructure or travel restrictions imposed by authorities. No formal policies have been established to mandate or require such activities.

Resources to develop family plans are posted on the Missouri Department of Health and Senior Services website:

http://www.dhss.mo.gov/BT_Response/readymail.html
at http://ready.mo.gov/
or at www.redcross.org

As part of planning, employees and mental health workers are encouraged to consider special medication and health concerns as well as basic needs by preparing an office or car supply kit that can be important when staff are deployed.

Post-event, DMH operating regulations for disaster leave allow the appointing authority to grant administrative leave for recovery and relaxation time post event. EAP resources as well as health insurance coverage provide for follow-up assistance for individuals who experience readjustment difficulties or experience post-deployment reactions that require follow-up assistance. As appropriate, recognition events and activities, public or limited to those deployed, may also be arranged.

Emergency Responder Support

Activities to support emergency responders are critically important to their well-being and effectiveness in an emergency. No formal agreements are in place but the following efforts have been undertaken to conduct outreach and awareness of available resources:

- DMH is working with the Missouri Police Chiefs to develop a segment of their leadership curriculum to address the psychological impact of trauma and disaster response and provide tools for supervisors and administrators to use in mitigating risk for their workforce;
- DMH conference presentations at statewide methadone conference regarding support needs of emergency responders;
- DMH has been an active participant on Homeland Security Emergency Responder committees to highlight support services throughout all phases of emergency (from preparation to recovery) to promote resilience and readiness of Emergency Responders;
- DMH Planning Committee developed recommendations for supports and mental health related services for Emergency Responders and their families that would represent consensus expert recommendations for Missouri;
- DMH collaboration with NOVA for deployment as support to emergency responders;
- Collaboration with DHSS to promote EAP use and promote EAP application of evidence-based interventions to emergency responders who are state employees; and
- Development of self care and supervisor training sessions for emergency responders to promote awareness and application of tools and skills to build resilience and provide support as needed.

Public/Private Mental Health Collaboration

The primary method of coordination with private mental health facilities in Missouri will be through the DHSS relationship with the Missouri Hospital Association.

- All acute hospitals (including general medical/surgical hospitals with psychiatric units and freestanding psychiatric facilities) are part of the DHSS Health Alert system and bed availability database. Necessary communications related to disasters and public health emergencies could be accomplished through the DHSS DSR, as necessary.

- DHSS regional planning efforts also include opportunities to coordinate among DMH facilities and local private mental health providers as necessary.

Public/Private Sector Collaboration

Beyond the collaboration already described through MOVOAD, Red Cross, Missouri Hospital Association, EAP, and higher education, no other efforts are underway in Missouri.

Collaboration with Higher Education

DMH has established disaster mental health-related collaborative relationships with the following higher education partners:

- St. Louis University;
- Missouri Institute for Mental Health (MIMH), University of Missouri Extension Services, and the Fire & Rescue Training Institute, University of Missouri;
- Washington University School of Psychiatry; and
- Kansas University School of Medicine.

Regulatory Compliance of DMH-operated Facilities with Emergency Preparedness and Response Standards

Eight CPS hospitals are currently JCAHO accredited with an additional facility preparing for accreditation. A CPS Children's residential setting is located on a University Campus and meets existing code and requirements; CARF or other appropriate accreditation is being explored. The remaining CPS facility is not a hospital and is not subject to accreditation; it is in compliance with accepted codes and standards for emergency preparedness.

MRDD's facilities (six habilitation centers) are subject to ICF-MR certification standards for Medicaid payment and are currently certified by CMS surveyors.

SMHA Role in Emergency Risk Communication

- DMH works collaboratively with the DHSS CERT public information officer.
- DMH would work with the JIC in an emergency.
- DMH has prepared message templates for mental health messaging for various hazards and populations.

SMHA Role in Training and Exercises

The SMHA role in training and exercises is:
Planning and Development – SEMA, National Guard and DHSS have invited DMH representatives to assist in planning statewide exercises. HRSA requirements that more mental health issues be incorporated in exercises may increase DMH involvement, particularly with local and regional hospital and public health agency exercises.

Participant – As summarized earlier in the Terrorism Component of this plan, DMH has been an active participant in regional and statewide exercises.

Internal Exercise Management – DMH is responsible for internal exercise develop-ment, implementation and evaluation.

SMHA Role in Data Collection & Evaluation

The SMHA is responsible for data collection and evaluation related to FEMA crisis counseling programs and will conduct such activities consistent with established format and requirements.

DMH is also collaborating with SLU in evaluation of training components it develops to assure its relevance and effectiveness in achieving desired outcomes.

SMHA Role in Research

The SMHA currently has no established research agenda for disasters and mental health. If a national agenda for research were established, Missouri would welcome the opportunity to participate in disaster mental health-related research as appropriate if funded as part of a FEMA crisis counseling program. Missouri is also willing to participate in surveys, after action reviews, and other research activities that are sponsored by SAMHSA or its authorized agent.

Acronyms Used in
All-Hazards Emergency Operations Plan

Prepared by the Missouri Department of Mental Health

This listing includes acronyms from various federal, state and local government and private agencies that fund or are actively involved in emergency response to incidents resulting from terrorism, bio-terrorism, and natural or manmade disasters or public health emergencies.

A

AA – Administrative Agent of the Division of Comprehensive Psychiatric Services

AAR – After Action Report, a written summary of lessons learned from an exercise

ABA – American Bar Association

ACE – Automated Construction Estimating

ADA – Missouri Division of Alcohol and Drug Abuse

AFID – Armed Forces Information Service

ALE – Additional Living Expense

ANG – Air National Guard

AMA – American Medical Association

APS – Advanced Professional Development Series (courses considered by SEMA to certify one as an advanced professional in emergency management)

ARC – American Red Cross

ASCS – Agricultural Stabilization and Conservation Service

ASD – Acute Stress Disorder

ATF – Alcohol, Tobacco and Firearms, in reference to a federal agency law enforcement unit

ATSDR – Agency for Toxic Substances and Disease Registry

B

BNICE – Biological, Nuclear, Incendiary, Chemical and Explosive, in reference to weapons or terrorism agents

BOLO – Be on the lookout

BT – Bio-terrorism

BUMED – Bureau of Medicine and Surgery, Department of the Navy

BW – Biological Warfare

BWIRP – Biological Weapons Improved Response Program

C

CARF – Commission on Accreditation of Rehabilitation Facilities

CBFP – Cora Brown Fund Program, an endowment fund for special needs administered by FEMA in declared disasters

CBRNE – Chemical, Biological, Radiological, Nuclear and High Yield Explosives

CCP – Crisis Counseling Program (FEMA grant program)

CCBS – Center for Civilian Biodefense Strategies, John Hopkins University

CDC – Centers for Disease Control

CERT – Community Emergency Response Team (FEMA & SEMA term)

CERT – Center for Emergency Response and Terrorism in DHSS

CFDA – Catalog of Federal Domestic Assistance

CFR – Code of Federal Regulations

CHERCAP – Comprehensive Hazmat Emergency Response Capability Assessment

CIDRAP – Center for Infectious Disease Research and Policy, University of Minnesota

CIRG – FBI Crisis Incident Response Group

CISD – Critical Incident Stress Debriefing

CISM – Critical Incident Stress Management

CMHC – Community Mental Health Center

CMHS – Center for Mental Health Services (within SAMHSA)

CMS – Center for Medicare and Medicaid Services

CO – Central Office

COAD – Community Organizations Active in Disaster

COOP – Continuity of Operations

COG – Continuity of Government

CPI – Consumer Price Index

CPR – Cardio-pulmonary Resuscitation

CPS – Missouri Division of Comprehensive Psychiatric Services

CSAP – Center for Substance Abuse Prevention (within SAMHSA)

CSAT – Center for Substance Abuse Treatment (within SAMHSA)

CSB or CSB&EI – Center for the Study of Bioterrorism and Emerging Infections at St. Louis University

CSR – Code of State Regulations

CUSEC – Central United States Earthquake Consortium

CW – Chemical Warfare

D

DAE – Disaster Assistance Employee

DD – Damaged Dwelling

DFC – Disaster Finance Center

DFO – Disaster Field Office

DH – Disaster Housing

DHAP – Disaster Housing Assistance Program

DHS – Department of Homeland Security (federal)

DHSS – Dept. of Health and Senior Services

DLS – Disaster Legal Services, FEMA

DMAT – Disaster Medical Assistance Team

DMH - Department of Mental Health

DMHS – Disaster Mental Health Specialist, title used by Red Cross

DMORT – Disaster Mortuary Team

DOB – Duplication of Benefits

DOD – Department of Defense

DOE – Department of Energy

DOJ – Department of Justice

DOTS – Depends on the situation

DPP – Domestic Preparedness Program

DRC – Disaster Recovery Center, FEMA

DRM – Disaster Recovery Manager

DRP – Disaster Recovery Partnership

DSS – Department of Social Services

DTAC – Disaster Mental health Technical Assistance Center (federally supported TA center for Disaster mental health funded by CMHS)

DUA – Disaster Unemployment Assistance, FEMA funded

E

EA – Environmental Assessment

EAP – Employee Assistance Program

EID – Emerging Infectious Diseases

EMA – Emergency Management Agency

EMAC – Emergency Management Assistance Compact, administered through SEMA

EMI – Emergency Management Institute, part of FEMA

EMS – Emergency Medical Services

EMT – Emergency Medical Technician

EOC – Emergency Operation Center

EOP – Emergency Operations Plan

EPA – Environmental Protection Agency

Epi(s) – Epidemiologist(s), usually employed by DHSS or LPHA

ERV – Emergency Response Vehicle (feeding and emergency van used by Red Cross)

ESDRB – Emergency Services and Disaster Relief Bureau (within CMHS)

ESF – Emergency Support Function

F

FAAT – FEMA Acronyms, Abbreviations, and Terms

FBI – Federal Bureau of Investigation

FBIHQ – Federal Bureau of Investigation headquarters

FCO – Federal Coordinating Officer, FEMA

FDA – Food and Drug Administration

FEMA – Federal Emergency Management Agency

FHBM – Flood Hazard Boundary Map

FIRM – Flood Insurance Rate Map

FMHA – Farmers Home Administration

FOUO – For Official Use Only

FRP – Federal Response Plan

FSD– Family Support Division, Dept of Social Services

G

GAR – Governor's Authorized Representative, a term used by FEMA when applying for Crisis Counseling funding

GCO – Grant Coordinating Officer, FEMA

GIS – Geographic Information System

GMO – Grants Management Officer, PHS

GPD – Grants Policy Directive, PHS

GPS – Grants Policy Statement, PHS

H

HA – Health Alert (usually followed by a number)

HAN – Health Alert Network

Hazmat – Hazardous materials

HCW – Health Care Worker(s)

HEICS – Hospital Emergency Incident and Command System

HHS – Health and Human Services, a federal agency

HR – Home Repairs

HRSA – Health Resources and Services Administration, HHS

HS – Homeland Security

HS – Human Services

HSAS – Homeland Security Advisory System (the color coded alert system developed by the DHS

HSEEP – Homeland Security Exercise and Evaluation Project

HSO – Human Services Officer

HSPD – Homeland Security Presidential Directive

I

IAP – Incident Action Plan

IC – Incident Command

ICE – Immigration and Customs Enforcement

ICP – Incident Command Post

ICS – Incident Command System

IDSA – Infectious Diseases Society of America

IEMC – Integrated Emergency Management Course

IHP – Individuals and Households Program

IMS – Incident Management System, another term for ICS

IMT – Incident Management Team

IS – Infrastructure Support

ISP – Immediate Services Program which is funding for the first 60 days of FEMA's Crisis Counseling Program

J

JAMA – Journal of the American Medical Association

JCAHO – Joint Commission on Accreditation of Healthcare Facilities

JDLR – Just doesn't look right

JIC – Joint Information Center

JIS – Joint Information System

K

L

LEPC – Local Emergency Planning Committee

LPHA – Local Public Health Authority

M

MARC – Mid-America Regional Council, a planning group for the Kansas City Metro Area involved in Disaster and other types of health and social service planning activities

MCI – Mass Casualty Incident

MEPA – Missouri Emergency Preparedness Association

MERGIS – Missouri Emergency Response Geographic Information System, system supported by DHSS

MHA – Mental Health Association

MHA – Missouri Hospital Association

MIPS – Multiple Idiopathic Physical Symptoms

MOANG – Missouri Army National Guard

MONG – Missouri National Guard

MOVOAD – Missouri Voluntary Organizations Active in Disaster

MoVC – Missouri Office for Victims of Crime, Dept of Public Safety

MRAP – Mortgage and Rental Assistance Program, FEMA

MRDD – Missouri Division of Mental Retardation and Developmental Disabilities

MUPS – Medically Unexplained Physical Symptoms/Syndromes

N

NACHO – National Association of Community Health Organizations

NASADAD – National Assn of State Alcohol and Drug Abuse Directors

NASMHPD – National Assn of State Mental Health Program Directors

NCAVC – National Center for Analysis of Violent Crimes, FBI profiling unit

NDMS – National Disaster Medical System

NEMA – National Emergency Management Association

NEPA – National Environmental Policy Act

NFIP – National Flood Insurance Program

NFIRA – National Flood Insurance Reform Act of 1994

NGA – Notice of Grant Award

NGO – Non-governmental Organization

NIIMS – National Interagency Incident Management System

NIMS – National Incident Management System

NIOSH – National Institute for Occupational Safety and Health

NMFI – National Mass Fatalities Institute

NOGA – Notice of Grant Award

NPS – National Pharmaceutical Stockpile maintained by CDC, now renamed Strategic National Stockpile and administered by the Dept of Homeland Security

NPSC – National Processing Service Center, FEMA

NRP – National Response Plan (new in 2004)

NTC – National Teleregistration Center, FEMA

NVOAD – National Organizations Active in Disaster

NWS – National Weather Service

O

ODP - Office of Domestic Preparedness

OFA – Other Federal Agencies

OMB – Office of Management and Budget, federal office

OHS – Office of Homeland Security (state level)

OSC – On Scene Commander

OTM – Other than Mexican

OVC – Office for Victims of Crimes

P

P – Primary, as related to responsibility for functional role in SEOP annexes

PA – Public Assistance, FEMA

PD – Program Director

PDA – Preliminary Damage Assessment

PDS – Professional Development Series (core courses FEMA designates as a basic curriculum for people in the Emergency Management sector)

PHS – Public Health Service, in federal HHS

PIO – Public Information Officer

PO – Project Officer

POLREP – Pollution Report

POST – Peace Officers Standards and Training

PP – Personal Property

PPE – Personal Protective Equipment

PPT – Personal Protective Technologies

PSWN – Public Safety Wireless Network

PTSD – Post Traumatic Stress Disorder

Q

QC – Quality Control

R

RDD – Radiological Dispersion Device (e.g. dirty bomb)

REACT – Radio Emergency Associated Communications Teams

READI Team – **RE**adiness **A**nd **DI**saster Support Team, DMH

ROSS – Resource Ordering and Status System

RP – Real Property

RSP – Regular Services Program, FEMA Crisis Counseling Program (CCP)

S

S – Support, as related to responsibility for functional role in SEOP annexes

SAMHSA – Substance Abuse and Mental Health Administration (federal)

SAMHSA DTAC - Disaster Mental health Technical Assistance Center (federally supported TA center for Disaster mental health funded by CMHS)

SBA – Small Business Administration

SCO - State Coordinating Officer

SDO – Standards Development Organization

SEMA – State Emergency Management Agency

SEOC – State Emergency Operations Center

SEOP – State Emergency Operations Plan, developed by SEMA

SERT – State Emergency Response Team (Highway Patrol SWAT team)

SITREP – Situation Report

SFHA – Special Flood Hazard Area

SLG – State and Local Guide

SLUDGE – Salivation, Lacrimation, Urination, Defecation, Gastro-intestinal distress and Emesis

SMHA – State Mental Health Authority

SPHA – State Public Health Authority

SNP – Special Needs Population

SNS – Strategic National Stockpile, usually in reference to pharmaceuticals or vaccines but can also be other equipment or supplies such as masks, etc.

SOP – Standard Operating Procedure

SSA – Social Security Administration

SSI – Supplemental Security Income

STARRS – St. Louis Area Regional Response System

T

TOPOFF – Top Officials, in reference to national exercises involving top level management and leadership

TTD or TTY – Text Telephone

U

UC – Unified Command

UMCOR – United Methodist Committee on Relief

UNC – Unmet Needs Committee

UOE – University Office of Extension

USAMRICD – United States Army Medical Research Institute of Chemical Defense

USDA – United States Department of Agriculture

V

VA – Veterans Administration

VBIED – Vehicle-borne Improvised Explosive Device

VHA – Veterans Health Administration

VOAD – Voluntary Organizations Active in Disaster

VOLAG – Voluntary Agency

W

WMD – Weapons of Mass Destruction

WME – Weapons of Mass Effect

WMDOU – FBI Weapons of Mass Destruction Operations Unit

Y

YLD – Young Lawyers Division

Z

Appendix 1
Missouri Department of Mental Health
Division of Comprehensive Psychiatric Services
Administrative Agents

1--Family Guidance Center
510 Francis Street #200
St. Joseph, MO 64901
816/364-1501
816/364-6735 (FAX #)
Counties Served: Andrew, Atchison, Buchanan, Clinton, Dekalb, Gentry, Holt, Nodaway, Worth

2--Truman Medical Center Behavioral Health
2211 Charlotte
Kansas City, MO 65108
(816)404-5700
(816)404-5731 (FAX #)
County Served: Jackson County

3--Swope Health Services
3801 Blue Parkway
Kansas City, MO 64130
816/922-7645
816/922-7683 (FAX #)
County Served: Jackson County

4--ReDiscover
901 N.E. Independence Ave.
Lee's Summit, MO 64086
816/246-8000
816/246-8207 (FAX #)
County Served: Jackson County

5--Comprehensive Mental Health Services
10901 Winner Road
P.O. Box 520169
Independence, MO 64052
816/254-3652
816/254-9243 (FAX #)
County Served: Jackson County

6--Tri County Mental Health Services
3100 NE 83 rd Street
Kansas City, MO 64119-9998
816/468-0400
816/468-6635 (FAX #)
Counties Served: Clay, Platte, Ray

7--Pathways Community Behavioral Healthcare, Inc.
520C Burkarth Road
Warrensburg, MO 64093
660/747-7127
660/747-1823 (FAX #)
Counties Served: Cass, Johnson, Lafayette

8A --Clark Community Mental Health Center
307 Fourth Street
P.O. Box 285
Monett, MO 65708
417/235-6610
417/235-3629 (FAX #)
Counties Served: Barry, Dade, Lawrence

8B--Pathways Community Behavioral Healthcare, Inc.
1800 Community Drive
Clinton, MO 64735
660/885-4586
660/885-2393 (FAX #)
Counties Served: Bates, Benton, Cedar, Henry, Hickory, St. Clair, Vernon

9--Ozark Center
3006 McClelland
P.O. Box 2526
Joplin, MO 64803
417/781-2410
417/781-4015 (FAX #)
Counties Served: Barton, Jasper, McDonald, Newton

10--Burrell Behavioral Health
1300 Bradford Parkway
Springfield, MO 65804
417/269-5400
417/269-7212 (FAX #)
Counties Served: Christian, Dallas, Greene, Polk, Stone, Taney, Webster

11--Pathways Community Behavioral Healthcare
1905 Stadium Blvd.
P.O. Box 104146
Jefferson City, MO 65110-4146
573/634-3000
573/634-4010 (FAX #)
Counties Served: Camden, Cole, Laclede, Miller, Osage, Pulaski

Affiliated Center (11)
New Horizons Community Support Services
2013 Williams St.
Jefferson City, MO 65109
573/636-8108
573/635-9892 (FAX #)
Counties Served: Camden, Cole, Laclede, Miller, Osage, Pulaski

12--University Behavioral Health Services
601 Business Loop 70 W
Suite 202
Columbia, MO 65201
573/884-1550
573/884-2800 (FAX #)
Counties Served: Boone, Carroll, Chariton, Cooper, Howard, Moniteau, Morgan, Pettis, Randolph, Saline

Affiliated Center (12)
New Horizons Community Support Services
1408 Hathman Place
Columbia, MO 65201-5551
573/443-0405
573/875-2557 (FAX #)
County Served: Boone

13--North Central MO Mental Health Center
1601 East 28th, Box 30
Trenton, MO 64683
660/359-4487
660/359-4129 (FAX #)
Counties Served: Caldwell, Daviess, Grundy, Harrison, Linn, Livingston, Mercer, Putnam, Sullivan

14--Mark Twain Area Counseling Center
105 Pfeiffer Avenue
Kirksville, MO 63501
660/665-4612
660/665-4635 (FAX #)
Counties Served: Adair, Clark, Knox, Lewis, Macon, Marion, Schuyler, Scotland, Shelby

15--Arthur Center
321 West Promenade
Mexico, MO 65265
573/582-1234
573/582-1212 (FAX #)
Counties Served: Audrain, Callaway, Monroe, Montgomery, Pike, Ralls

16--Crider Center
1032 Crosswinds Court
Wentzville, MO 63385
636/332-8000
636/332-9950 (FAX #)
Counties Served: Franklin, Lincoln, St. Charles, Warren

17--Pathways Community Behavioral Healthcare
1441 Forum Drive
P.O. Box 921
Rolla, MO 65401
573/364-7551
573/364-4898 (FAX #)
Counties Served: Crawford, Dent, Gasconade, Maries, Phelps

17--BJC Behavioral Health Community Services
Southeast Site
1085 Maple Street
Farmington, MO 63640-1955
573/756-5353
573/756-4557 (FAX #)
Counties Served: Iron, St. Francois, Washington

18--Ozarks Medical Center
Behavioral Health Center
P.O. Box 1100
West Plains, MO 65775
417/257-6762 or 1-800-492-9439
417/257-5875 (FAX #)
Counties Served: Douglas, Howell, Ozark, Oregon, Shannon, Texas, Wright

19--Family Counseling Center
925 Highway V V
P.O. Box 71
Kennett, MO 63857
573/888-5925
573/888-9365 (FAX #)
Counties Served: Butler, Carter, Dunklin, Pemiscot, Reynolds, Ripley, Wayne

20--Bootheel Counseling Services
760 Plantation Blvd.
P.O. Box 1043
Sikeston, MO 63801
573/471-0800
573/471-0810 (FAX #)
Counties Served: Mississippi, New Madrid, Stoddard, Scott

21--Community Counseling Center
402 S. Silver Springs Road
Cape Girardeau, MO 63701
573/334-1100
573/334-9766 (FAX #)
Counties Served: Bollinger, Cape Girardeau, Madison, Perry, Ste. Genevieve

22--Comtrea Community Treatment
227 Main Street
Festus, MO 63028
636/931-2700
636/931-5304 (FAX #)
County Served: Jefferson County

23--BJC Behavioral Health Community Services
North Site
3165 McKelvey Road, Suite 200
Bridgeton, MO 63044-2550
314 206-3900
314 206-3995 (FAX #)
County Served: St. Louis County (North)

South Site
343 S. Kirkwood Road, Suite 200
Kirkwood, MO 63122-6915
314/206-3400
314/206-3477 (FAX #)
County Served: St. Louis County (Central & South)

24--Hopewell Center
1504 S. Grand
St. Louis, MO 63104
314/531-1770
314/531-7361 (FAX #)
County Served: Central & North St. Louis City

25--BJC Behavioral Health Community Services
Central Site
1430 Olive Street, Suite 500
St. Louis, MO 63103-2377
314/206-3700
314/206-3708 (FAX #)
To Request Services: Call Center (877) 729-4004
County Served: Central & South St. Louis City

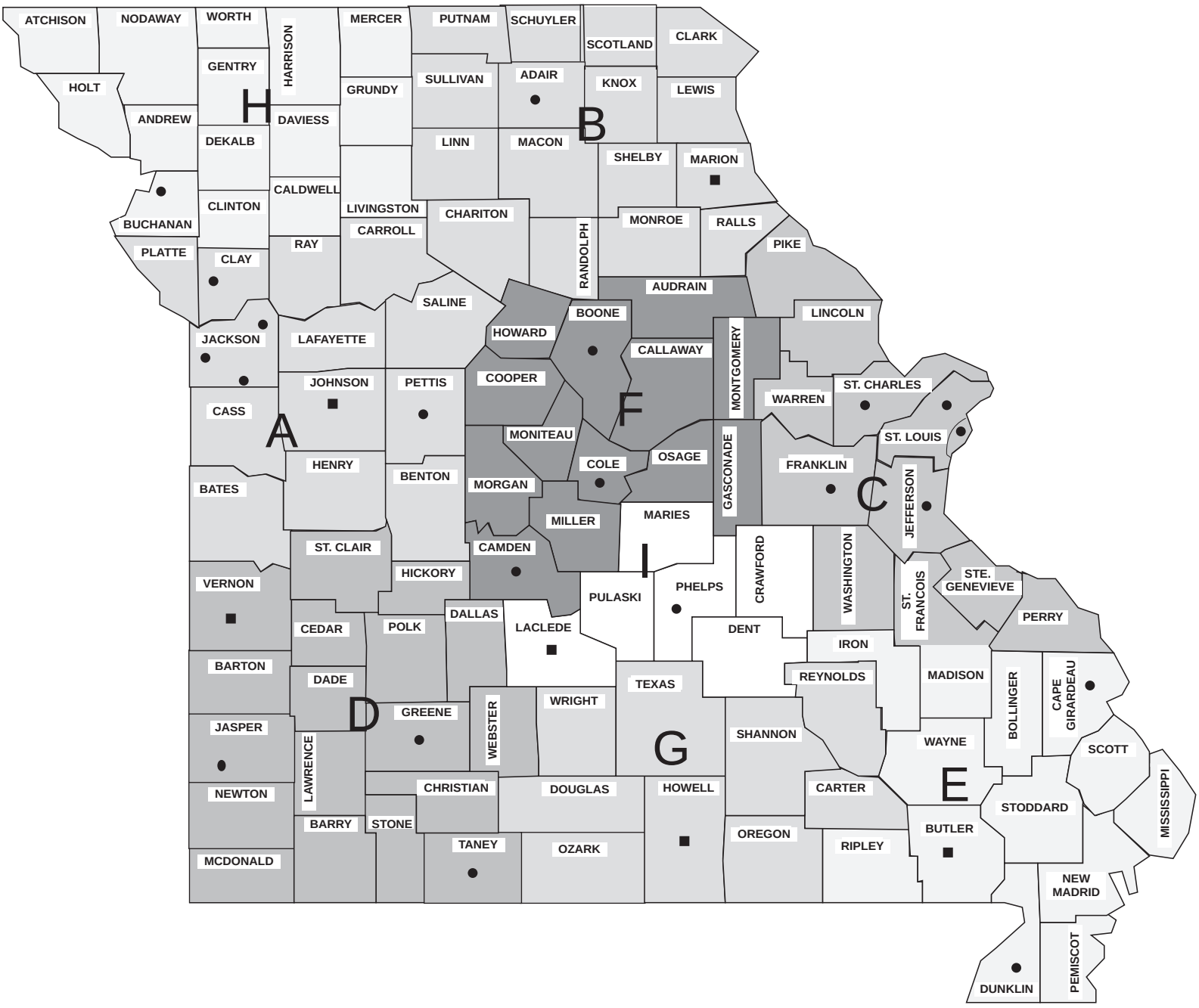
Affiliated Centers (25)
Places for People, Inc.
4120 Lindell Boulevard
St. Louis, MO 63108
314/535-5600
314/535-6037 (FAX #)
County Served: St. Louis County & St. Louis City

Independence Center
4380 West Pine Boulevard
St. Louis, MO 63108
314/533-4380
314/531-7372 (FAX #)
County Served: St. Louis County & St. Louis City

ADAPT Institute of Missouri
2301 Hampton
St. Louis, MO 63139
314-644-3111
314-781-3295 (FAX #)
County Served: St. Louis City & St. Louis County

For current listing of
Administrative Agents see:
www.dmh.mo.gov/cps/org/county.htm

Homeland Security Regions



● Homeland Security Response Teams

■ Forward Regional Response Teams (FRRT)

Supplemental Instructions for the Immediate Services Program Standard Application Format

Crisis Counseling Assistance and Training Program
Immediate Services Program

These supplemental instructions describe the purpose of each section of *the Immediate Services Program (ISP) Standard Application Format* and provides instruction on completing the application and required forms and worksheets. The instructions are most useful when reviewed simultaneously with the *ISP Standard Application Format.* The application format and supplemental instructions are cross-referenced with corresponding page numbers.

The *ISP Standard Application Format* consists of a signature sheet, the Standard Form 424 Request for Federal Assistance, and the following five parts:

- **Part I: Geographic Areas and Initial Needs Assessment** includes the areas within the designated disaster area for which services will be provided, an estimate of the number of disaster victims requiring assistance, and an explanation of special circumstances related to the disaster that may increase the need for crisis counseling services;

- **Part II: State and Local Resources and Capabilities** describes the State and local resources and capabilities, and an explanation of why these resources cannot meet the estimated disaster crisis counseling needs;

- **Part III: Response Activities from Date of Incident** describes response activities from the date of the disaster incident to the date of the application submission;

- **Part IV: Plan of Services** includes a list of service providers and a plan of services to meet the identified needs, including plans for staffing, training, and staff support; and

- **Part V: Budget** includes a format for a budget that is integrated with the needs assessment and program plan.

Part II and specific sections of Part IV may be drafted prior to a disaster and submitted to FEMA and CMHS for review. These materials should be submitted to the FEMA regional office, which will forward to CMHS for recommendations. CMHS will review and submit to the FEMA Regional Director. The FEMA Regional Director may pre-approve the submission to expedite processing of future Immediate Services applications.

Signature Sheet

Purpose: The Governor's Authorized Representative (GAR) is required to sign the Immediate Services Program application. The GAR must also certify that crisis counseling needs exceed the capacity of available State and local resources to respond. The signature sheet is used as a transmittal letter and fulfills the requirement to have the GAR's signature and certification on the application. Most States find it easier to use this form than to draft a separate transmittal letter.

Where to Find the Coversheet in the Immediate Services Application: The signature sheet is page one of the application.

Instruction: The GAR is the only State official authorized to represent the Governor and apply for Immediate Services funding. An Immediate Services application will not be accepted by the Federal Emergency Management Agency (FEMA) without the GAR's signature. The Director of the State Mental Health Authority (SMHA) does not have authority to apply for Immediate Services Program funds without the GAR's signature. Page three of this document provides a signature sheet that may be used to obtain the GAR's signature.

Note: While the GAR's signature and certification are required for submission of an Immediate Services Program application, the signature sheet provided in this package is an optional form**.** If the State prefers, a transmittal letter to the FEMA Disaster Recovery Manager (DRM) from the GAR may be used. Be sure that the transmittal letter states the amount of funding requested and the Governor agrees to and certifies the four points listed on the signature sheet.

Standard Form 424 (SF-424) Request for Federal Assistance

Purpose: The SF 424 is the Federal form required by the Office of Management and Budget (OBM) on grant applications. All States applying for Immediate Services funds must submit a completed SF 424 signed by the Governor's Authorized Representative (GAR).

Where to Find the SF-424: A copy of the SF 424 form is included with this application package. Additional copies of the SF 424 may be obtained from FEMA or CMHS. Electronic versions of the SF-424 may be obtained through the CMHS website at www.mentalhealth.org/cmhs/EmergencyServices.

Instruction: The SF 424 is an attachment to the application. The SF-424 is separated into numbered blocks requesting information that is critical in assuring an accurate funding award. Instructions are provided with the SF 424. The following information may be helpful in completing the information blocks of the SF 424 for an Immediate Services Program.

- **Block 1 (Type of Submission)**: ISP applicants should check the box labeled "non-construction."

- **Block 2 (Date Submitted)**: Enter actual date of submission. This must be no later than 14 days following the Presidential disaster declaration. The date of the declaration is day zero (0). The day after the declaration date is day one (1) for determining the application due date.

- **Block 3 (Date Received by State)**: Leave blank or enter date application submitted to the GAR. This block is not used by the Federal government in the ISP application process.

- **Block 4 (Date Received by Federal Agency):** Leave blank.

- **Block 5 (Applicant's Information)**: This section should be completed with information for the Governor's Authorized Representative, who is the legal applicant. Additional contact information should be provided in the application for the project director at the State Mental Health Authority.

- **Block 6 (Employer Identification Number):** The Employer Identification Number is an IRS number and should be obtained from the State's fiscal management office.

- **Block 7 (Type of Applicant):** The type of applicant is "State." Therefore, applicants should enter the letter "A" in the box provided.

- **Block 8 (Type of Application)**: Applicants should check the box labeled "new."

- **Block 9 (Name of Federal Agency):** The Federal agency is the "Federal Emergency Management Agency."

- **Block 10 (The Code of Federal Domestic Assistance Number)**: The Code of Federal Domestic Assistance (CFDA) number for the Immediate Services Application is the following: 83.539.

- **Block 11 (Descriptive Title of Applicant's Project)** This may be listed as "Immediate Services Program - Crisis Counseling Project" or if the State has already titled the project (e.g. "Project Recovery"), the title may be used.

- **Block 12 (Areas Affected by the Project)** Applicants should list declared areas to be served, based on the President's disaster declaration. Even if the Immediate Services application is based on a different breakdown for areas, the SF 424 submitted to FEMA must correspond with areas listed in the Presidential declaration (generally declarations specify counties as geographic units included in the declaration, but may specify parishes, municipalities or other large geographic area designations). Even if only part of an geographic unit (such as a county) listed in the Presidential declaration will be served, list the entire geographic unit.
-
- **Block 13 (Proposed Project Start and End Dates)**: technically, this box is asking for the "proposed project" start and end dates. Since the application is due on the fourteenth day following the declaration, the date of the "proposed project" must be that day following the date of the ISP submission. You may not post date the SF-424. The end date of the "proposed project" which should be indicated on the SF-424 is the sixtieth (60^{th}) day after the date of declaration.
-
- The CCP is a sixty-day program which begins on the date of the disaster declaration. Day one is the day after the date of declaration. Costs incurred to carry out services funded by the CCP may be reimbursed from the Date of Incident (DOI) through the date the ISP is applied for (typically day fourteen). Please note in the budget section that separate budgets are required for the projected program period and the reimbursable period leading up to the submission of the ISP grant application. As an example, if the President declares a disaster on March 1, the 60 day ISP program period will begin that day which is day zero. The sixty day period will end April 30. The "proposed project" dates on the SF-424 would be March 15 as a start date, and April 30 as an end date. The reimbursable budget would represent those costs incurred from the date of declaration or the DOI if prior to the declaration, through March 15.
-
- **Block 14 (Congressional Districts)**: List all Congressional Districts served by the project.

- **Block 15 (Estimated Funding)**: The amount of Federal assistance requested should be provided in block a. In-kind contributions should be listed in c or d. There should be no program income. Estimates may be rounded to the nearest dollar only.

- **Block 16 (Is the application subject to review by State Executive Order 12372 Process?)**: Before completing this block, applicants should check with the State's Single Point of Contact for Executive Order 12372.

- **Block 17 (Is the applicant delinquent on any Federal debt?)**: The State must answer this question in consultation with its fiscal management offices.

- **Block 18, (Signature Block).** The signature block must be completed by the Governor's Authorized Representative (GAR) No one else may sign for the Governor. A SF 424 signed by the State Mental Health Agency Director or another employee of the State Mental Health Authority will be returned by FEMA and may delay processing of the application.

Part I: Geographic Areas and Initial Needs Assessment

Purpose: The CCP regulations lists six required elements of the Immediate Services application. The first two elements are:

1. The geographical areas within the designated disaster area for which services will be provided; and

2. An estimate of the number of disaster victims requiring assistance.

To simplify the application process, these elements have been combined into Part One of the application. Consequently, the application includes a total of five parts in contrast to the six required elements of the regulations.

The first element of the regulations requires the State to disclose which areas will be served by the Immediate Services project. The second element requires that the State assess the needs and determine how many disaster victims will be assisted. This information has been streamlined for the revised pilot application and can be provided primarily in a summary table developed using a Needs Assessment Formula developed by CMHS in consultation with experienced State Disaster Mental Health Coordinators. In addition, because special circumstances and crisis counseling needs may not be captured through the needs assessment formula, the application format provides space for an anecdotal description of crisis counseling needs and special circumstances surrounding the disaster. Applicants are strongly encouraged to provide some narrative description of needs.

The needs assessment provides the foundation for all grant program activities under the Crisis Counseling Assistance and Training Program. Because the timeframe for developing an Immediate Services Program application is very limited, applicants must rely on the best available information available during the initial aftermath of the disaster.[1] The most reliable data on disaster damage generally will come from the FEMA Preliminary Damage Assessment, which can be provided by the FEMA Human Services Officer responsible for the disaster response. Other important sources of information on crisis counseling needs may include the State Emergency Management Agency, voluntary agencies such as the American Red Cross, and media sources. In addition, any crisis counselors and other human service workers deployed by the State Mental Health Authority or other public agencies in the immediate aftermath of a disaster may provide information on crisis counseling needs not revealed through the damage assessment formula.

[1] If the State intends to apply for a Regular Services Grant application, it is important to note the Regular Services Grant application will require a much more detailed needs assessment. It is recommended the State Disaster Mental Health Coordinator review the needs assessment information in the Regular Services Grant application as soon as possible.

Where to find Part I in the Immediate Services application: Part I begins on page 2 of the application

Instruction: Part I of the application format is divided into three sections: A) Geographic Areas to be Served and Estimated Need, B) Needs Assessment Formula, and C) Description of Crisis Counseling Needs and Special Circumstances. Instructions for completing each section are provided separately below.

A. Geographic Areas to be Served and Estimated Need

All applicants are required under Federal regulation to identify the areas within the Presidentially declared disaster areas for which services will be provided. State Disaster Mental Health Coordinators should use data from all available sources to identify areas most in need of crisis counseling services. They must also ensure that available services within the existing mental health system are not sufficient to meet those needs.

The Presidential declaration is generally for counties, parishes, municipalities, tribal lands or other large geographic area designations. Counties are the most commonly designated geographic areas in Presidential disaster declarations. In the past, States were required to submit applications based on the geographic designation used in the Presidential declaration of the disaster. In the current application format, the State may use any geographic or organizational identifier to designate the areas to be served, as long as all areas to be served fall within the area declared by the President to be eligible for individual assistance.

How the State elects to designate disaster areas to be served by the Immediate Services project is generally dependent on how mental health services are organized in the State and the location of local providers. The mental health service areas in the State may not organized by county, parish, municipality, or tribal lands. In developing an Immediate Services project, the State does not have to define the areas in the same manner as the Presidential declaration (i.e., by county). However, the service areas defined by the State but must stay within the boundaries established by the Presidential declaration and the areas must be clearly defined in the application. It is recommended a map of the service areas be attached to the application, particularly if the State is designating the disaster area differently than the Presidential declaration. The FEMA reviewers are required to verify that the Immediate Services project is only providing services in areas declared by the President. If a map is provided, they will be able to compare it to their map of Presidentially declared areas.

Once the State has determined how best to designate the disaster areas, the areas need to be listed on the left hand column of the table provided under the text box entitled “A. Geographic Areas and Estimated Need.**”** This table is provided on page 2 of the Standard Application Format. The right hand column of the table requires that the applicant enter an estimate of the number of disaster victims requiring assistance.

These estimates are developed using the CMHS Needs Assessment formula, which is described on the following page.

B. Needs Assessment Formula

The CMHS Needs Assessment Formula Sheet was developed through extensive consultation with State Mental Health Authorities experienced with the Crisis Counseling Program. It provides a simple methodology for estimating potential crisis counseling needs based on the number of deaths, injuries, damaged or destroyed homes, and other disaster losses documented in the community. This formula serves as the foundation of the Immediate Services Application and can help in identifying geographic service areas for the program and staffing needs.

How to complete the CMHS Damage Assessment Formula:

FEMA and the State Emergency Management Agency (SEMA) conduct a Preliminary Damage Assessment (PDA) following the disaster. The information is updated as new information is collected. The State Disaster Mental Health Coordinator should contact FEMA and/or SEMA and ask for copies of damage assessment information. Make sure to use the most current data available the day the formula is completed. Damage assessment can change rapidly. If possible, the State should obtain PDA data that correspond to the service areas. In some cases, it may be necessary to combine PDA data from one or more counties to obtain complete PDA data for the service region identified by the State for the Immediate Services Program.

The CMHS Needs Assessment Formula is provided in a chart format on page 3 of the Standard Application format and can be modified electronically. The left hand column of the chart entitled “Loss Categories” identifies major types of loss that may result in crisis counseling needs. These needs are listed in the chart as follows:

Loss Categories
Type of Loss
Dead
Hospitalized
Non-Hospitalized injured
Homes destroyed
Homes “major damage”
Homes “minor damage”
Disaster unemployed (Others—Specify)

These loss categories generally correspond to categories of data collected by FEMA and the State Emergency Management Agency (SEMA) during the Preliminary Damage Assessment. Data on the last category (Disaster Unemployed) may be available from FEMA and may change significantly during the ISP period.

The second column of the chart, entitled "Number of Persons" should be completed using data from the Preliminary Damage Assessment. If FEMA Preliminary Damage Assessment data have not been collected in this disaster, the State should identify alternate sources of data that may be used. These may include data from the American Red Cross or data from the State Emergency Management Agency. If the State is using data that is not provided by FEMA, this should be identified clearly in the application.

The second column of the chart below has been completed with sample data:

Loss Categories	**Number of Persons**
Type of Loss	Number
Dead	25
Hospitalized	250
Non-Hospitalized injured	15
Homes destroyed	1000
Homes "major damage"	3000
Homes "minor damage"	5000
Disaster unemployed (Others—Specify)	200

Once Preliminary Damage Assessment Data have been entered into the chart, final numbers are determined by a formula, multiplying the numbers from the preliminary damage assessment by the average number of persons per household in the impacted area and then multiplying this number by the percentage estimated to need and access crisis counseling services. The Average Number of persons per household (ANH) is a number available from the Census Bureau. If the State is unable to determine the ANH for the identified service area, then use the national average figure of 2.5. Using this average figure, the sample data in the example have been multiplied in the following chart. This number has been multiplied by the "At-Risk Multiplier" which is provided in the chart.

Example:

Loss Categories	Number of Persons	ANH	Range Estimated	Total
Type of Loss	Number	Multiply by ANH [2.5]	At-Risk Multiplier	Number of persons targeted per loss category
Dead	25	62	100%	62
Hospitalized	250	625	35%	219
Non-hospitalized Injured	10	25	15%	4
Homes destroyed	1000	2500	100%	2500
Homes "Major Damage"	3000	7500	35%	2625
Homes "Minor Damage"	5000	12500	15%	1875
Disaster Unemployed (Others--Specify)	200	500	15%	75
Total estimated persons in need of crisis Counseling services (add total column)				**7360**

In this example, according to the damage assessment formula, the total number of people estimated to need crisis counseling services within the identified service area would be 7360. This number in the far right hand column is a simple estimate that can be used in developing an initial program plan. If you have questions about completing this formula, contact your CMHS project officer.

C. Description of Crisis Counseling Needs and Special Circumstances

Section C of Part I provides an opportunity for the State to document any crisis counseling needs or special circumstances not identified though the Damage Assessment Formula. For many disasters the CMHS formula provides a reasonably accurate estimate of the need and sufficient information for planning an Immediate Services project. However, if the State determines that the worksheets underestimate the need, additional methods of needs assessment may be applied to document a more accurate needs assessment.

In addition, disaster damage information is not always available within 14 days following a declaration. If an area has been evacuated and is inaccessible, the Federal, State, and local emergency managers may not be able to do a damage assessment until after the application due date. If no disaster damage data is available, the State will have to provide a narrative description of the disaster crisis counseling needs. In such cases, it is recommended that the State Disaster Mental Health Coordinator contact the FEMA

Individual Assistance Officer and the CMHS Project Officer before the application deadline to discuss alternate methods of documenting needs. The crisis counseling needs of people evacuated and sheltered, as well as all disaster other disaster victims, should be described in narrative form.

Examples of Special Circumstances

Some examples of special circumstances that might be described in this section include the following:

- Large numbers of community residents undergoing a dangerous or traumatic evacuation (e.g. older adults evacuated from a senior nursing home); and

- Large numbers of residents directly exposed to a traumatic event (e.g. school children in a building directly impacted by a tornado).

Special Population Needs

To complete a Regular Services Grant application, States are required to conduct a comprehensive assessment of need, including a detailed assessment of the needs of special populations groups that may be especially vulnerable to disaster effects, or who may have unique needs, such as children, older adults, ethnic and cultural groups, rural populations. During the initial needs assessment process conducted in the immediate aftermath of the disaster, it may not be possible to obtain detailed information on all populations impacted. Therefore, applicants for Immediate Services Program grants are not expected to submit detailed demographic information on the impacted population. However, applicants should provide any available information regarding special population needs that may impact the design and implementation of the immediate services program. Information on special population needs may be obtained from key informant interviews with community leaders, administrators, and service providers who have been active in the disaster response.

Examples of Special Population Needs

Some examples of special population needs that should be described in Section C would include the following:

- A brief description of generally-available information about unique cultural issues in the impacted community that may present special needs (e.g. language issues that may present a need for bilingual outreach workers and bilingual eduational materials); and

- A brief description of unique characteristics of the impacted area that may impact the delivery of services (e.g. largely rural and isolated populations impacted by the disaster requiring more difficult outreach).

Part II: State and Local Resources and Capabilities

Purpose: The CCP regulations require that the Immediate Services application provide "a description of the State and local resources and capabilities, and an explanation of why these resources cannot meet the need." The Federal government is required to verify that the needs are beyond State and local resources and capabilities, before Federal funds may be awarded.

Where to find Part II in the application: Part II is located on page 5 of the Standard Application provided in this package.

Instruction: State Disaster Mental Health Coordinators should very briefly describe the State and local mental health system. For example, applicants should describe whether the State Mental Health Authority operates based on a county or regional system, or whether services are directly delivered by the State Mental Health Authority. Other issues that may be addressed include the following:

- What role does managed care play?

- Who are the clients served by the SMHA and local providers?

Keep your description brief. Explain why these resources cannot meet the needs of disaster victims. Does the SMHA set aside funds for disaster programs? Are crisis counseling services beyond the SMHA's and local providers normal scope of services?

Part II is one of the sections of the application that may be completed prior to a disaster occurrence. If a Regional Director elects to pre-approve this portion of the application, he or she may request annual or more frequent updates on the State and local resources and capabilities and why they are insufficient to respond to meet disaster crisis counseling needs.

Part III: Response Activities from Date of Disaster Incident

Purpose: The fourth required element of the Immediate Services application in the regulations is "description of response activities from the date of the disater incident to the date of the application." The response information reported in Part III of the application is used by FEMA and CMHS to verify that the reimbursement costs from the date of incident to the date of the application are reasonable and appropriate.

Where to find Part III in the Immediate Services Application: Part III is on page 6 of the application and is color coded yellow.

Instruction: In order to be reimbursed for costs from the date of incident to the date of the application, the State must document what crisis counseling services have been provided and justify the costs. In this section of the application, the State must describe the services that have been provided. Expenses incurred in providing these services must be documented at the end of the application in the budget section. CMHS recommends that the local service providers play an active role in completing Part III. This is an opportunity to demonstrate to FEMA and CMHS that the local service providers are offering crisis counseling services that are in compliance with the scope and limits of the immediate services grant.

In the best case scenario, the crisis counseling staff have been documenting services offered from the date of incident. If this is the case, Part III will be easy to complete. Describe the types of services provided and the number of recipients. Displaying numbers in a table is helpful. If there were delays in providing services following the disaster incident and few or no crisis counseling services can be reported, explain what caused the delay and measures taken to assure immediate services will be implemented.

Unless there are unusual situations related to crisis counseling services the State wants to convey to FEMA and CMHS in detail, this section should be no more than one page. The description in the section should be limited to crisis counseling services provided to date by service providers in the application.

Part IV: Plan of Services to Meet the Identified Needs

Purpose: The fifth required element of the Immediate Services application in the CCP regulations is "a plan of services be provided to meet the identified needs." The pilot application divides the plan of services into service providers, staffing plan, organizational structures, job descriptions and types of services.

Where to find Part IV in the Immediate Services Application: Part IV is on pages 7 - 11 of the Immediate Services Standard Application format. Part IV is the longest section and is broken down as follows:

A. Service Providers (page 7)
B. Staffing Plan (page 8)
C. Organizational Structure (page 9)
D. Job Descriptions (page 10)
E. Brief Plan of Services (page 10)
F. Training (page 11)

Instruction for Service Plan:

A. Service Providers

This section describes service providers and is located on page 7 of the application. The State must provide the Federal government with information on the agencies or organizations that will be providing crisis counseling services. The State will also identify which designated area(s) each service provider has been assigned. The designated areas should be based on the information on service areas provided in Part I of the Immediate Services application.

Most commonly, service providers in the Crisis Counseling Assistance and Training Program are community mental health agencies with which the State Mental Health Authority has a pre-existing organizational relationship. However, because the fiscal, administrative, and program procedures of the Crisis Counseling Program are substantially different from other State mental health programs, specialized training and planning is crucial to ensure an effective immediate services response, it is strongly recommended that potential service providers in each community should be identified prior to a disaster and provided with training in the requirements and procedures of the Immediate Services Program. If qualified potential service providers have not been selected and trained prior to a disaster, the State Disaster Mental Health Coordinator will have to work closely with each service provider to familiarize them with the procedures and requirements of the program. The FEMA Individual Assistance Officer and a CMHS Project Officer are available to provide on-site technical assistance to the State Disaster Mental Health Coordinator.

In the ISP Standard Application Format, service provider information should be entered in the chart provided. Applicants may add or delete rows from the table, depending on

the number of service providers included in the project. The names, addresses, and contact information for each service provider should be provided in the left hand column. The service area for each service provider should be provided in the center column. These service areas should correspond with the service areas identified in Part I of the application. In some instances, more than one service provider may be identified for a service area. For example, one service provider may have credibility with a particular cutural group or community and may provide targeted outreach. In instances where more than one service provider is identified for a service area, the roles, target populations, and coordination mechanisms for each service provider should be clearly identified and described in "Section E. Brief Plan of Services," which is provided later in the application.

For each service provider, if a project manager has been identified, his or her name should be provided in the right hand along with contact information. If the project manager has not been identified, applicants should provide the name of the agency director and indicate that the project manager has not yet been identified.

B. Staffing Plan

The number of staff required for the Immediate Services project is reported as follows for each service provider:

1. the number of supervisors/team leaders;
2. the number of outreach workers/crisis counselors; and
3. the number of fiscal and administrative staff.

This number is further broken down to show the number of in-kind positions that will be supported by the State or local agencies. A table has been provided on page 7 of the ISP Standard Application format to list this information. The State may elect to use this format or may modify based on personnel titles or categories used in the State. The staffing plan must correspond with personnel expenses identified later in the application in the program budget.

In this section of the Immediate Services Program application, applicants may report numbers in terms of full-time staff equivalents (F.T.E). For example, if one full-time and one half-time staff will be hired, report 1.5 will be hired.

C. Organizational Structure

As noted on page 9 of the ISP Standard Application Format, a simple organizational chart for the project is required for the Immediate Services application. If an organizational chart can not be developed on computer software in time for the Immediate Services Application, applicants should provide a simple hand-drawn chart and attach to the end of the application document. In addtion, applicants with complex organzational structures should provide a very brief description of organizational and supervisory structure for the project.

D. Job Descriptions

Job titles and descriptions are provided here as guidance for the State and may be revised or replaced. The State may elect any of three following options:

1. Accept the descriptions provided in this section and "cut and paste" this information into the application and customize to meet State needs;
2. Submit different job descriptions for approval by FEMA as part of the application; or
3. If the State is not currently responding to a Presidentially declared disaster, revisions may be submitted through the State Emergency Management Director for the Regional Director's pre-approval.

If a State elects to "cut, paste, and modify" job descriptions from this format, a statement must be included in the application indicating that these descriptions are applicable within the State system and appropriate personnel categories have been identified for each service provider. Because job descriptions are important for effective program management, FEMA and CMHS strongly recommend that these job descriptions should be customized to address the service system within the State. More detailed descriptions of roles and responsibilities in the Crisis Counseling Program are available in the CMHS Program Guidance entitled Staff Roles and Services within Crisis Counseling Programs, available online at www.mentalhealth.org/cmhs/EmergencyServices. In addition, a CMHS Project Officer can consult with the State Disaster Mental Health Coordinator in reviewing job descriptions.

Optional Job Descriptions

The following job descriptions are optional and may be inserted into page 9 of the application and modified to address specific State concerns. States may elect to add or delete responsibilities as appropriate or replace these job descriptions with their own.

B *"Cut, Paste, and Modify"*

Crisis Counseling Project (CCP) Manager
Duties: Lead coordinator for the crisis counseling response at the State/local level. Ensures adequate and appropriate staffing & training, complies with Federal/State/local reporting requirements, responsible for fiscal tracking/monitoring, liaison to other disaster services agencies to ensure non-duplication of services. Regularly conducts site visits to providers, accompanies crisis counselors as an observer to ensure that appropriate services are delivered.

CCP Assistant Manager
Duties: Depending on the size and scope of the disaster and subsequent staffing requirements, an assistant may be needed to complete the duties as outlined above.

CCP Fiscal/Contracts Coordinator
Duties: It is very important to ensure that funds are monitored and tracked so that funds are used efficiently and effectively. This person reviews program budget modifications.

CCP Team Leader
Duties: At the local level, this person leads the crisis counseling response in the field for whatever size team is assigned. Usually, this person is a mental health professional. Depending on the size and scope of the disaster, providers may have more than one team leader on staff.

Crisis Counselors/Outreach Workers
Duties: People who work as crisis counselors may have a bachelor's degree or less in a specialty that may or may not be related to counseling or they may be mental health professionals. Whatever their education background, good crisis counselors/outreach workers have strong intuitive skills about people and how to relate well to others. They possess good judgment, common sense, and are good listeners. Crisis counselors/outreach workers will conduct outreach, counseling, education, provide information and referral services, and work with individuals, families and groups.

E. Brief Plan of Services

The basic services provided through the Crisis Counseling Assistance and Training Program include outreach, crisis counseling, assessment, and services to groups. During the first 14 days after a Presidential disaster declaration, the overall plan of services is likely to focus primarily on outreach basic counseling services. Therefore service plans may be relatively general during the Immediate Services Phase. However, the plan of services should address issues identified in the needs assessment, such as any special population needs in the impacted community. If the State has identified service needs that are likely to result in a Regular Services Program application, the plan of services here will form the foundation for a longer term response.

Examples of the types of services that may be provided in the Crisis Counseling Program are provided below. In developing an Immediate Services Program application, a State may "cut and paste" all or portions of these descriptions and modify to show how these types of services will be implemented within the disaster. It is strongly recommended that a State Disaster Mental Health Coordinator review all materials with local service providers and modify descriptions of services to specifically address the types of services that will be implemented in the disaster. If the State is not currently developing an Immediate Services application, additional services may be submitted to FEMA and CMHS for review. The FEMA Regional office will forward

submissions to CMHS for review and a recommendation. The FEMA Regional Director may pre-approve specific types of services for future disaster responses.

Examples of Types of Services in a Crisis Counseling Program

The following descriptions characterize services most frequently funded by the CCP. Portions of these descriptions may be "cut, pasted, and modified" to address specific disaster plans in the State.

B*"Cut, Paste, and Modify"*

Individual Crisis Counseling Services assist disaster survivors in understanding their current situation and reactions, reviewing their options, addressing their emotional support and linking with other individuals and agencies who may assist them. During individual services, crisis counseling are active listeners who provide emotional support.

Group Crisis Counseling Services involve providing/facilitating support groups, meeting with citizens, working in classrooms with affected students, working with affected teachers and administrators after school, discussing disaster-related issues with families, assisting people in understanding their current situation and reactions, reviewing their options, addressing their emotional support and linking with other individuals and agencies who may provide assistance. Groups may be facilitated by a mental health professional, a paraprofessional or the group members themselves.

Education Services include the distribution or presentation of information on the project or crisis counseling-related topics. Educational information may be provided through brochures, flyers posted in public areas, mailings and training to human service personnel such as the clergy or teachers. The media is often a partner in providing information through Public Service Announcements, newspaper articles and advertisements. Educational information may also be provided to groups of people. The key difference between group education services and group crisis counseling services is that project staff present information to groups rather than facilitate the sharing of experiences between members of the group.

Referrals are a key component of the CCP. In most disasters, the majority of survivors have needs that can be met by short-term, relatively informal interventions. However, in some circumstances, some disaster survivors may need long-term, more formal mental health services that are beyond the scope of the Crisis Counseling Program. Survivors requiring longer-term, more formal mental health treatment should be referred to an appropriate agency or licensed mental health professional. Some disaster recovery needs may be more physical, structural or economical in nature and addressing these issues is outside the scope of the CCP (Refer to CCP-PG-04 for additional information). In these instances, CCP staff play a key role in referring survivors to specific disaster services available through FEMA Teleregistration, the State, and voluntary agencies such as the American Red Cross, the Salvation Army, Interfaith Disaster Recovery Services and Unmet Need Committees.

As indicated above, the State may include modified descriptions of these types of services in the brief immediate services program plan. If the State will be offering services other than described above, it will be important to provide a description of the services with an explanation.

In addition, the Brief Plan of Services should briefly describe how staff will be deployed to provide the types of services described above. The plan should describe strategies for targeting those identified as in need of services, including special population groups identified in the needs assessment. The plan should also briefly outline any quality control methods in place to assure that appropriate services to disaster survivors and staff support mechanisms are available. While a plan of basic plan of immediate services can be created by the State prior to a disaster, it is important that It be adapted to ensure that services are organized and delivered appropriately for each disaster.

F. Training

A description of training plans is requested on on page 11 of the application. It is divided into the following two sections: 1) Selection of Trainers; 2)Training Content; and 3) Dates of Training. Applicants may respond using "check boxes" indicating whether qualified trainers are available in the State. FEMA training policy places a priority on use of trainers from within the State who have experience with the Crisis Counseling Program. Training needs vary by disaster, therefore this section cannot be pre-approved by the FEMA Regional Director.

Selection of Trainers

The first section on trainers asks the State to determine if there are professionals within the State who can provide the training free of cost or if a referral for a CCP trainer is needed. If the State has a trainer or trainers identified the names should be listed. It is also recommended that a resume be included as an attachment.

Training Content

The second section on training content asks the State determine if the training outline provided in the CMHS guidance will be used or if the State will develop an outline for the training. If the State develops an outline, it should be attached. CMHS has developed a training manual and program guidances that can be used in with Immediate and Regular Service program staff. Program guidances and the training manual, entitled Training Manual for Mental Health and Human Services Workers in Major Disasters, 2nd Edition, can be obtained from the CMHS clearinghouse and is available online at the following website:

www.mentalhealth.org/cmhs/EmergencyServices.

Dates of Training

The third section requests dates of training. If possible, applicants should identify the specific dates during which Immediate Services Program training will take place. If training dates have not been finalized, projected dates of training should be identified.

Part V: Budget

Purpose: The sixth and final element of the Immediate Services application required by the CCP regulation is the budget. CCP regulations require "a detailed budget, showing the cost of proposed services separately from the cost of reimbursement for any eligible services provided prior to application." It is important to note the regulation states that the budget for proposed services must be separated from reimbursement costs and that the budget must be detailed.

Where to find Part V in the Immediate Services Application: Part V is on page 12 of the ISP Standard Application Format.

Instruction: The regulatory requirement for the budget is met by completing three types of budget worksheets:

1. Individual budgets for each service provider and the SMHA that separates reimbursement from projected costs;
2. An overall summary of costs; and
3. A justification of costs.

CMHS has developed a sample spreadsheet that is available for use in completing the budget. This pre-formatted spreadsheet, referred to as the Budget Estimating and Reporting Tool (BERT) includes tips on FEMA budget policies. It can be downloaded on-line from the CMHS website. For more information contact your CMHS project officer.

Note: Before completing any of the three budget forms, it is strongly recommended that applicants review the CMHS Program Guidance entitled Fiscal Guidelines for the Crisis Counseling Assistance and Training Program (CCP-PG-06). This guidance is included in the application package and is available on the CMHS website.

Immediate Services Overall Summary of Costs

Worksheet 2 (page 13 of the application format) is a summary of all of the Worksheet's submitted by the SMHA and the local providers. The interim and project costs are combined in one document. In the actual application submission, it is recommended that this overall summary of costs be provided before the individual agency budgets.

Instructions for Budget Narrative

The budget narrative (pages 16-17 of the application format) provides the required narrative that details and justifies the types of expenditures. The budget narrative is used by CMHS and FEMA to assure all costs are allowable and appropriate. In developing a budget narrative, States should provide basic information to convey the rationale for budget figures. As a supplemental program, FEMA does not fund a line

item category for indirect costs. All projected costs for the project must be carefully documented and explained. Indirect costs are commonly an in-kind contribution to the program.

Question 1. How were salary levels and fringe benefits determined? Were they based on comparable positions in the local area? (If not, explain why.)

The State is required to confirm that the salaries and fringes are based on comparable positions in the local area. If the costs are based on comparable positions, the State should answer yes and in one or two sentences describe the comparable positions. If the answer is no, the State needs to describe why salaries/fringe benefits differ from comparable positions. For example, some States do not provide fringe benefits to temporary hires. Thus, Immediate Services staff may be hired at a slightly higher rate to compensate for not receiving fringe benefits.

Question 2: Complete the table on consultants.

The compensation must be in compliance with FEMA policy as described in the *Immediate Services Allowable and Appropriate Costs* matrix. Trainers traveling from out-of-state should be included in the consultant category.

Question 3. List types of items included in supplies (i.e., cell phones, computers, beepers, etc.).

Office supplies do not have to be listed as specific item types (i.e., pens, pencils, paper). Any supply item that is not normally stocked in a typical business office should be listed. Each piece of equipment to be purchased must be listed. Also list equipment that will be offered by the agency for use in-kind (*computers, mobile phones, pagers, fax,copier*) and whether some equipment may be available from State warehouses or donated by a local corporation.

Question 4: List the types of travel expenses (i.e., mileage, rental cars) and confirm the costs are based on established State rates.

The general calculations behind travel figures should be provided. For example, if local travel is based on reimbursement for mileage, the rate of reimbursement and estimated number of miles should be listed. If rental cars will be used, justify the need in 1-2 sentences.

Question 5. Complete the table on Trainers.

The compensation must be in compliance with FEMA policy as described in the *Immediate Services Allowable and Appropriate Costs* matrix in the CCP Fiscal Guidance. Trainers traveling from out-of-state should be included in the consultant category.

Question 6. List and describe the types of expenditures included in the media/public information category.

Expenses for pamphlets, flyers, and handouts should be documented. Media expenses for recruitment should be listed. For print ads and broadcast time regarding the availability of Crisis Counseling Services, FEMA advises that programs seek donations as a public service for space and airtime announcements. If this is not possible, provide a detailed explanation for additional media needs related to the program plan.

Crisis Counseling Assistance and Training Program
Immediate Services Program
Pilot Application Signature Sheet

State Disaster Mental Health Coordinator. The following individual is the primary contact person for coordinating the mental health response to this disaster. This person will also be the state coordinator for the application process for Federal funds to provide disaster-related mental health services.

Contact person:
Title:
Agency:
Address:
Phone:
Fax:
E-mail address:

_____

***Signature,* Director, State Mental Health Authority**

Name: Phone number:
Fax: E-mail address:

This application represents the Governor's agreement and/or certification:

1. That the requirements are beyond the State and local governments' capabilities;
2. That the program, if approved, will be implemented according to the plan contained in the application approved by the FEMA Disaster Recovery Manager (DRM);
3. To maintain close coordination with and provide reports to the FEMA Regional Director or the Disaster Recovery Manager as the delegate of the Regional Director; and
4. To include mental health disaster planing in the State's emergency plan prepared under title II of the Stafford Act.

The State requests $_____ for Immediate Services:

_____

Signature, Governor's Authorized Representative

Name: Phone Number:
Fax: E-mail address:

(Attach the SF-424 Request for Federal Assistance to the signature sheet.)

FEMA Disaster Number. Enter the FEMA Disaster declaration number below.

[Insert Text]

Part I: Geographic Areas and Initial Needs Assessment

A. Geographic Areas and Estimated Need. In the table provided below, list the areas within the Presidentially-declared disaster area for which services will be provided and the number of people to be served in each area. List the geographic areas to be served in the left hand column. Areas to be served may be listed by service area, county, or other geographic or organizational designation identified by the State. All areas on the list must be with the disaster area declared by the President to be eligible for individual assistance. The service areas designated below will form the basis of the program plan and budget and therefore should be consistent throughout the application. In the right hand column, list the estimated number of people to be served in each area based on the CMHS Damage Assessment Formula, which is provided on the next page. For additional information on completing this section, see page 6 of the supplemental instructions.

[Insert text in table below. Insert additional rows or delete rows as necessary]

Designated Area	Estimated Number to be Served
TOTAL	

B. Needs Assessment Formula. Using the CMHS Needs Assessment Formula (located below) estimate the number of persons you will serve in each designated area (second column of the following table). Attach a CMHS Needs Assessment Formula sheet for each designated area. See the supplemental guidance (pages 7-10) for additional information on completing the CMHS Needs Assessment Formula.

CMHS Needs Assessment Formula for
Estimating Disaster Mental Health Needs Disaster: FEMA XXXX-DR-State

This is an estimate for the following disaster area_____

Date of Report:_____ Completed by:_____

Loss Categories	**Number of Persons**	**ANH**	**Range Estimated**	**Total**
Type of Loss	Number	Multiply by ANH[1]	At-Risk Multiplier	Number of persons targeted per loss category
Dead			100%	
Hospitalized			35%	
Non-hospitalized Injured			15%	
Homes destroyed			100%	
Homes "Major Damage"			35%	
Homes "Minor Damage"			15%	
Disaster Unemployed			15%	
(Others--Specify)				
Total estimated persons in need of crisis Counseling services (add total column)				

Revised June, 2000

[1]ANH means **A**verage **N**umber of persons per **H**ousehold. This figure can be obtained on a county/parish/area basis from the Census Bureau. If the State is unable to determine the ANH for an area, then use the average figure of 2.5.

C. Description of Crisis Counseling Needs and Special Circumstances. Please provide a description of crisis counseling needs within the impacted areas. Describe any special circumstances not captured in the CMHS Needs Assessment Formula that will impact the need for crisis counseling services. For each identified service area, please identify any high risk groups or populations of special concerns identified through the State's initial needs assessment process (e.g. children, adolescents, older adults, ethnic and cultural groups, lower income populations). For additional tips on completing this section, see supplemental instructions, pages 10-11.

[Insert Text]

Part II. State and Local Resources and Capabilities

Very briefly describe the State and local mental health systems. Explain why these resources cannot meet the disaster related mental health needs. For additional information on completing this section see page 12 of the supplemental guidance.

[Insert Text]

Part III. Response Activities from Date of Incident

Provide a description of State and local crisis counseling activities from the date of the incident to the date of application submission. Provide specific number or estimate of disaster victims who have received services up to the date of the application. To the extent possible, activities should be described for each service area listed in Part I of this application. If no activities have been conducted to date, this should be stated as well. Any activities from the date of incident for which the State is requesting financial reimbursement from FEMA must be described in this section. (For additional information on completing this section, see page 13 of the supplemental instructions.)

[Insert Text]

Part IV. Plan of Services

A. Service Providers. In the table provided below, provide a list of the service providers included in this project. In the left hand column, provide the name of the service provider along with the address and contact information for the agency. In the center column, list the service area(s) to be covered by the service provider. Service areas should correspond to areas listed in Part I of this application. In the right hand column, provide the name of the crisis counseling project manager along with contact information. If the project manager has not been identified, provide the name of the agency director and indicate that the project manager has not yet been identified. For additional information on completing this section, see pages 14-15 of the supplemental instructions.

[Insert text in table below. Insert additional rows or delete rows as necessary]

Agency	Service Areas	Crisis Counseling Project Manager
Name Address Phone Fax Director's Name	Cite geographic or organizational designation	Name Address Phone Fax

B. Staffing Plan. In the table below, provide a list of staff positions for which the State is requesting funding through the Immediate Services grant. Staff whose services will be provided to the project as an in-kind contribution from the State or the service provider should also be included in this chart with the words "In-kind" in parenthesis next to the position. In-kind positions should be listed below those funded through the grant and should be clearly distinguished in the totals. This information must be provided for the State and for each service provider. In the left hand column list the name of the service provider. In the second column, list the number of supervisors or team leaders and the percentage of time dedicated to the project. In the third column, list the number of outreach workers and crisis counselors dedicated to the project. List separately if the provider has separate job titles for outreach workers and crisis counselors. In the fourth column, list any fiscal or administrative positions to be funded. In the fifth column, list the total number of full time equivalent (FTE) staff positions to be funded by the project. For additional information, see supplemental instructions on page 15.

[Insert text in table below. Insert additional rows or delete rows as necessary]

Agency	Supervisors/ Team Leaders (Number of Staff)	Outreach Workers/Crisis Counselors	Fiscal/ Administrative Staff	Total FTE
Agency Name	FTE	FTE	FTE	FTE

C. Organizational Structure. A simple organizational chart for the project is required for the Immediate Services application. An organizational chart may be inserted below, or a hand drawn chart may be attached to this document. Please indicate below if an organizational chart is attached.

[Insert text or organizational chart, or indicate that organizational chart is attached.]

D. Job Descriptions. In the space below, provide simple job descriptions (one paragraph) for each category of worker included in the project. (See page 16 of the supplemental instructions.) Optional job descriptions for the positions of Project Manager, Assistant Manager, Fiscal/Contracts Coordinator, and Crisis Counselors/Outreach Workers are available in the supplemental instructions and may be inserted here.

[Insert job descriptions here]

E. Brief Plan of Services. The types of services typically funded by the FEMA/CMHS Crisis Counseling Assistance and Training Program are outlined in the supplemental instructions (page 17) and in FEMA regulations and policies and in CMHS Program Guidance documents. In the space following, please provide a brief description of services to be provided. This description should include the following information:

- Types of services to be provided (e.g. individual outreach, crisis counseling, services to groups, public education, information and referral services);
- How staff will be deployed to provide these services
- Strategies for targeting those identified as in need of services, including special population groups identified in the needs assessment;
- Any quality control methods in place to assure appropriate services to disaster survivors; and
- Staff support mechanisms to be available.

For additional instructions on creating a plan of services, see pages 16-18 of the supplemental instructions.

[Insert service plan here.]

F. Training. Immediate Services Program grant funding may be used to support training within established FEMA training policies. Priority is placed on the use of trainers from within the State who have experience with the FEMA/CMHS Crisis Counseling Assistance and Training Program. Using the check-off boxes and narrative spaces below, please provide information on the trainers and proposed training content for the project. For additional instructions on training, see pages 19-20 of supplemental instructions.

1. Selection of Trainers:

- ❑ Our State has professionals experienced in the FEMA/CMHS Crisis Counseling Program who can provide training on the Crisis Counseling model. The names, resumes, and contact information for the trainers are provided with this application:

  [Insert trainers' names and contact information.]

- ❑ Our State is unable to identify an in-state resource for disaster mental health training. We request a referral for a crisis counseling trainer from CMHS/FEMA.

2. Training Content:

- ❑ Our State will be using the training outline provided in the FEMA/CMHS *Training Manual for Mental Health and Human Services Workers in Major Disasters, 2nd Edition.* Our State will be distributing FEMA/CMHS Program Guidance documents at the training.

- ❑ Our State will be using the attached training outline. (Attach the outline at the end of the application.)

3. Dates of Training:

Projected dates for training activities are listed below:

[Insert projected dates of training]

Part V. Budget

The budget must be integrated with the needs assessment and the program plan. The applicant may exhibit the budget in any format that is appropriate to the fiscal system of the State as long as the categories listed in the forms that follow are included. A separate budget must be provided for each service provider. There are three sections to the budget:

1. An overall summary of costs
2. Individual budgets for each service provider and the State Mental Health Authority
3. A narrative justification of costs

Note: Before completing any of the three budget forms, it is strongly recommended that applicants review the CMHS Program Guidance entitled Fiscal Guidelines for the Crisis Counseling Assistance and Training Program (CCP-PG-06). This guidance is included in the application package and is available at the CMHS website. In addition, CMHS has developed a Budget Estimating and Reporting Tool (BERT) that can assist in developing a budget within FEMA guidelines. This budget tool is available on the CMHS web page.

Additional information is provided in the supplemental guidance on pages 21-23. Sample formats are provided on the following pages.

Immediate Services Program
Summary of Costs for Entire Project

Disaster Declaration Number: FEMA-XXXX-DR-STATE

Budget Category	**State Budget: Total Estimate**	**Service Provider(s): Total Estimates*** *Note: attach Budget per service provider area	**Total Costs** of Immediate services. Add State and Service Provider total estimates.	**In-Kind Costs** Costs **contributed** to the project per agency.
Dates of Services				
Salaries and Wages Fringe Benefits (%) **Total Personnel Costs**				
Consultant Costs				
Office Supplies				
Travel				
Training				
Media/Public Information Costs				
Total Costs				

Immediate Services Program
Budget for State Mental Health Authority

Disaster Declaration Number: FEMA-XXXX-DR-STATE

Budget Category	**Interim Costs** Costs from the date of incident to the application deadline (14 days following the declaration)	**Projected Costs** Costs from the Immediate Services application deadline to 60 days or last day of program	**Total Costs** Add interim costs and projected costs	**In-Kind Costs** Costs **contributed** to the project per agency.
Dates of Services				
Salaries and Wages Fringe Benefits (%) **Total Personnel Costs**				
Consultant Costs				
Office Supplies				
Travel				
Training				
Media/Public Information Costs				
Total Costs				

*****The State Mental Health Authority and each local provider should fill out this budget form.

Immediate Services Program
Individual Service Provider Budgets

Name of Service Provider:

Budget Category	**Interim Costs** Costs from the date of incident to the application deadline (14 days following the declaration)	**Projected Costs** Costs from the Immediate Services application deadline to 60 days or last day of program	**Total Costs** Add interim costs and projected costs	**In-Kind Costs** Costs **contributed** to the project per agency.
Dates of Services				
Salaries and Wages Fringe Benefits (%) **Total Personnel Costs**				
Consultant Costs				
Supplies				
Travel				
Training				
Media/Public Information Costs				
Total Costs				

*****The State Mental Health Authority should work with each local service provider to develop budget and fill out this budget form.

Immediate Service Program
Budget Narrative

A budget narrative is required to document the types of expenditures included in the budget, justify the funding request, and demonstrate fiscal accountability. (See pages 21-23 of the supplemental instruction.) Please provide the following information:

1. How were salary levels and fringe benefits determined? Were they based on comparable positions in the local area? (If not, explain why.)

2. List all consultants, the services they will provide and their compensation.

Name of Consultant	Type of Service	Travel Costs	Compensation Costs

3. List the types of items listed under office supplies (i.e., cell phones, computers, and beepers, office supplies and maps). Detail on the number of items needed should correspond with the program plan.

4. List and describe the types of expenditures included in the travel category (i.e., mileage/rate, rental cars). Are the expenditures based on State rates for allowable travel costs? If not, explain and provide a justification.

5. List the trainers included in the training category.

Name of Trainer	Type of Training	Travel Costs	Compensation Costs

6. List and describe the types of expenditures included in the media/public information category.

Answers to Frequently Asked Questions

1. What is the purpose of the application?

The application serves complementary purposes for the Federal and State governments. The application fulfills the Federal regulatory requirement to document need, determine services are appropriate, and justify expenditures. The application is a tool to be used by the State to assess the needs of disaster victims and develop a plan of action.

2. Can the application format be modified?

The ISP Standard Application Format has been developed to address key information required under Federal regulations for the Crisis Counseling Assistance and Training Program. The format is provided for technical assistance purposes. Within the application format and instructions, there are notes about potential modifications. For example, charts and tables may be modified to fit specific State proposals. States may add pages within the format. States may also choose to create reformat portions of the needs assessment and program planning sections and assign writing tasks to county or community service providers. The current format has been designed to ensure that all necessary information for a successful application can be provided in a simple and flexible format. Should the applicant have questions regarding this format or specific modifications, it is recommended that you contact a CMHS project officer at 301/443-4735 and discuss with you FEMA Human Services Officer.

3. What components of the application are required in regulation?

The CCP regulations (44 CFR 206.171) establish the following components of the application:

1. Geographical areas within designated disaster area
2. Needs assessment
3. Description of the State and local resources and capabilities, and a justification of why these resources cannot meet the estimated disaster mental health needs
4. Description of response activities from the date of the disaster incident to the date of the application submission
5. Plan of services
6. Budget

Each component is discussed in detail in the supplemental instructions.

4. When is the application due?

The application is due no later than the 14th day following the Presidential Disaster Declaration. Day one is the day after the declaration. Therefore, if the

disaster is declared by the President on the 1st of the month, the application must be submitted by close-of-business on the 15th.

5. May the application be submitted electronically?

The original signed copy of the cover sheet and SF 424 must be submitted in hard copy, as well as any attachments only available on hard copy. With the permission of the FEMA Regional Director, an application may be submitted using either the Word or Word Perfect software version.

6. Can any portions of the application be prepared before a disaster?

Yes, State Disaster Mental Health Coordinators are strongly encouraged to become familiar with the ISP Standard Application Format before a disaster strikes. It is possible to develop templates for many portions of the application prior to a disaster.

- The SF-424 is available electronically and a template may be prepared in advance, including all necessary assurances, so that this form can be processed and signed expeditiously.
- The signature sheet can be completed, including the name of the State Disaster Mental Health contact person.
- Part II of the application, entitled "State and Local Resources and Capabilities" may be completed prior to a disaster.
- States may prepare and customize job descriptions, templates for organizational charts, and descriptions of types of service they will provide as a part of their overall State Disaster Mental Health Plan.

States are also strongly encouraged to identify and train potential service providers in communities across the State and to develop procedures for contacting and mobilizing services in the immediate aftermath of a disaster. By maintaining contact information, developing activation procedures, maintaining ongoing training, and preparing materials in advance, States and localities can significantly simplify the process of developing an Immediate Services Application.

7. Will CMHS and FEMA provide consultation on the application process?

FEMA is located at a Disaster Field Office within or near the declared area and is available to assist the State. CMHS will either be on-site or available by phone. FEMA and the State Emergency Management Agency can assist with obtaining disaster damage information and provides consultation on the disaster operation, the application processing, and awarding funds. The FEMA Human Services Officer or Crisis Counseling Coordinator assigned to the disaster may provide the SMHA with preliminary damage assessment information as well as

teleregistration information on the number of persons applying for specialized disaster assistance.

CMHS provides consultation on developing and implementing services and application development. CMHS realizes that the State Mental Health Authority is not only responding to the ongoing mental health needs of its impacted citizens but also trying to implement, manage and monitor a crisis counseling program. Therefore, project officers from the ESDRB, CMHS are available to consult with the State in organizing the disaster mental health response. The project officers can be reached at 301/443-4735 (phone) and 301/443-8040 (fax).

8. May the Governor select an agency or organization other than the State Mental Health Authority to administer the IS grant?

If the Governor's Authorized Representative determines during the needs assessment that because of unusual circumstances or serious conditions within the State or local mental health network, the State Mental Health Authority cannot carry out the crisis counseling program, he or she may identify a public or private mental health agency or organization to carry out the program. Several States have elected to have a non-profit organization carry out the program in the past. In each instance, the State was the grantee and subcontracted the grant.

9. What are some of the most commonly-used acronyms a State Disaster Mental Health Coordinator should be familiar with?

There are many acronyms and abbreviations in the disaster response field and terminology changes frequently. Therefore, States are encouraged in their applications to minimize the use of acronyms and abbreviations. However, some of the most commonly-used acronyms that may be considered are the following.

CCP - Crisis Counseling Assistance and Training Program
CMHS - Center for Mental Health Services
DFO - Disaster Field Office
DHHS - Department of Health and Human Services
DLS - Disaster Legal Services
DRM - Disaster Recovery Manager
DUA - Disaster Unemployment Assistance
ESDRB - Emergency Services and Disaster Relief Branch
FCO - Federal Coordinating Officer
FEMA - Federal Emergency Management Agency
GAR - Governor's Authorized Representative
HM - Hazard Mitigation
HS - Human Services
HSO - Human Services Officer
IA- Individual Assistance
IFG - Individual and Family Grant

IRS - Internal Revenue Service
IS - Immediate Services
PA- Public Assistance
RS - Regular Services
SBA - Small Business Administration
SEMA - State Emergency Management Agency
SF - Standard Form (refers to a Federal form)
SMHA - State Mental Health Authority
USDA - United States Department of Agriculture

10. How Can I Obtain CMHS Publications and Videos?

A list of CMHS publications and videos related to disaster mental health is attached on the following page. Copies of these materials may be obtained by calling CMHS at 1-800-789-2647. Many materials can also be downloaded from the world wide web at the following website: www.mentalhealth.samhsa.gov/cmhs/EmergencyServices.

CMHS Publications

The following documents may be ordered by calling 1-800-789-2647 or on-line at the CMHS website www.mentalhealth.samhsa.gov/cmhs/EmergencyServices

Inventory Code	Format	Title
SMA99-3378	Booklet	Disaster Mental Health: Crisis Counseling Programs for the Rural Community
SMA99-3323	Booklet	Psychosocial Issues for Older Adults in Disasters
SMA96-3077	Booklet	Responding to the Needs of People with Serious and Persistent Mental Illness in Times of Major Disasters
SMA95-3022	Booklet	Psychosocial Issues for Children and Families in Disasters. A Guide for Primary Care Physicians
SMA94-3010	Book/Monograph	Disaster Response and Rcovery: Handbook for Mental Health Professionals (Currently being revised, new edition should be distributed in 2001.)

0M00-4070S	Video	Voices of Wisdom, Seniors Cope with Disaster (Spanish) OM004070 Video Voices of Wisdom, Seniors Cope with Disaster (English)
OM00-4071	Video	Responding to the Needs of People with Severe Mental Illness Following Disasters: The Fellowship House Experience After Hurricane Andrew
0M00-4069	Video	Children and Trauma (The School's Response)
0M00-4067	Video	Hurricane Blues
OM00-4066	Video	Faces in the Fire: One Year Later ESDRB-1 Video Hope and Rememberance
ADM90-538	Booklet	Training Manual for Mental Health and Human Service Workers in Major Disasters
ADM90-537	Booklet	Field Manual for Mental Health and Human Services Workers in Major Disasters
ADM90-1505	Pamphlet	Human Problems in Major Disasters: A Training Curriculum for Emergency Medical Personnel, 1990
ADM90-1497	Pamphlet	Prevention and Control of Stress Among Emergency Workers: A Pamphlet for Workers
ADM90-1496	Pamphlet	Prevention and Control of Stress Among Emergency Workers: A Pamphlet for Team Managers
ADM90-1390	Book/Monograph	Innovations in Mental Health Services to Disater Victims, 1990

http://www.mentalhealth.samhsa.gov/cmhs/EmergencyServices/grantfaq.asp

SAMHSA Emergency Response Grant
Immediate Award
Certification of Emergency Sheet

This represents the Governor's certification:

1. That a mental health and/or a substance abuse emergency exists because:
   --existing State, Tribal and local systems for mental health and/or substance abuse services are overwhelmed or unable to meet the existing mental health or substance abuse needs of the local community at issue; and
   --an inability to meet the mental health and/or substance abuse service needs of a local community is the direct consequence of a clear precipitating event that has resulted in significant death, injury, exposure to life-threatening circumstances, hardship, suffering, loss of property, or loss of community infrastructure.

2. The State has reviewed other local, State, and Federal funding sources and has determined that no other funding source exists to address the service needs outlined in this application.

Description of Precipitating Event _____

Date of Precipitating Event _____

_____

Signature, Governor or Authorized Representative

The following individual is assigned responsibility for ongoing contact with the Federal Government regarding this grant application:

Name: Phone Number:
Fax: E-mail address:

(Attach the PHS 5161-1 Request for Federal Assistance, to be signed by the fiscally responsible applicant, to this certification sheet.)

Part I: Initial Needs Assessment

A. Description of Emergency/Disaster Event. Please provide a brief description of the event and the impact of the event on the population(s). Please describe the event as it applies to significant: death, injury, exposure to life threatening circumstances, hardship, suffering loss of property and/or loss of community infrastructure. For additional tips on completing this section, see supplemental instructions, pages _.

[Insert description here]

B. Geographic Areas and Estimated Need. In the table provided below, list the areas for which services will be provided and the number of people to be served in each area. List the geographic areas to be served in the left hand column. Areas to be served may be listed by service area, county, zip code or other geographic or organizational designation identified by the State. The service areas designated below will form the basis of the program plan and budget and therefore should be consistent throughout the application. In the right hand column, list the estimated number of people to be served in each area. Also provide a brief written explanation of the basis for the calculation of this estimated number. For additional information on completing this section, see page _of the supplemental instructions.

[Insert text in table below. Insert additional rows or delete rows as necessary]

Designated Area	Estimated Number to be Served
TOTAL	

Explanation of the basis for the Calculation of Estimated Number to be served:

C. Description of Mental Health and/or Substance Abuse Needs and Special Circumstances.

Please provide a brief description of the "event reactions" (behavioral, emotional, physical, and/or cognitive) that may apply to the impacted population(s). Please describe how this need will apply to need for mental health and/or substance abuse services for this populaion(s). For additional tips on completing this section, see supplemental instructions, pages…

[Insert brief description here]

Part II. State, Tribal and Local Resources and Capabilities

Very briefly describe the State, Tribal, and local mental health and substance abuse systems. Explain why these resources cannot meet the disaster-related mental health and/or substance abuse needs. For additional information on completing this section see page _ of the supplemental guidance.

[Insert Text]

Part III. Plan of Services

A. Brief Plan of Services. The types of services typically funded by the Emergency Response Grants are outlined in the supplemental instructions (page 9). In the space following, please provide a brief description of services to be provided. This description should include the following information:

- Describe the service priorities involved in the immediate response and the role of these priorities in addressing the mental health and/or substance abuse needs of the population(s);
- Types of services to be provided (e.g. individual outreach, crisis counseling, services to groups, public education on crisis mental health and substance abuse prevention, information and referral services, short term substance abuse or mental health prevention and/or treatment services);
- What staff will be deployed to provide these services
- Strategies for targeting those identified as in need of services, including special population groups identified in the needs assessment;

For additional instructions on creating a plan of services, see pages _of the supplemental instructions.

[Insert service plan of approximately 3 pages here.]

B. Training (Optional). Immediate Award grant funding may be used to support training. Priority is placed on the use of trainers from within the State who have adequate experience. Using the check-off boxes and narrative spaces below, please provide information on the trainers and proposed training content for the project. For additional instructions on training, see pages _ of supplemental instructions.

1. Selection of Trainers:

- ❑ The Project has professionals experienced in disaster mental health and substance abuse issues training who can provide training. The names, resumes, and contact information for the trainers are provided with this application:

  [Insert trainer's names, and contact information]

- ❑ The project is unable to identify an in-state resource for disaster mental health training. We request a referral for an "Emergency Response" program trainer from SAMHSA.

2. Training Content:

- ❑ Our project will be using the attached training outline. (Attach the outline at the end of the application).

- ❑ The project would like technical assistance in developing a training plan.

3. Dates of Training:

Projected dates for training activities are listed below:

[Insert projected dates of training]

Part IV. Budget

The following budget guidelines are provided as guidance to facilitate the completion of the budget requirements in the SF 5161 Budget Information section and are not to encourage duplication of effort.

The budget must be integrated with the needs assessment and the plan of services. The applicant may exhibit the budget in any format that is appropriate to the fiscal system of the applicant as long as the categories listed in the forms that follow are included. There are three sections to the budget:

1. An overall summary of costs
2. Individual budgets for each service provider, including the State Mental Health or Substance Abuse Authority, if appropriate
2. A narrative justification of costs (pg. 23 of SF 5161)

Additional information is provided in the supplemental guidance on pages__. Sample formats of standard budget tables are provided on the following pages.

Immediate Service Program
Budget Narrative

A budget narrative is required to document the types of expenditures included in the budget, justify the funding request, and demonstrate fiscal accountability. (See pages 12-13 of the supplemental instruction.) Please provide the following information:

1. How were salary levels and fringe benefits determined? Were they based on comparable positions in the local area? (If not, explain why.)

2. List all consultants, the services they will provide and their compensation.

Name of Consultant	Type of Service	Travel Costs	Compensation Costs

3. List the types of items listed under office supplies (i.e., cell phones, computers, and beepers, office supplies and maps). Detail on the number of items needed should correspond with the program plan.

4. List and describe the types of expenditures included in the travel category (i.e., mileage/rate, rental cars). Are the expenditures based on State rates for allowable travel costs? If not, explain and provide a justification.

5. List the trainers included in the training category.

Name of Trainer	Type of Training	Travel Costs	Compensation Costs

6. List and describe the types of expenditures included in the media/public information category.

Part V. Required Certifications

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

> **Note:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE

Supplemental Instructions for the SAMHSA Emergency Response Grant Award Standard Application Format: Immediate Services

These supplemental instructions describe the purpose of each section of *the Emergency Response Grant (ERG) Immediate Award Standard Application Format* and provides instruction on completing the application and required forms and worksheets. The application format and supplemental instructions are cross-referenced with corresponding page numbers.

The *ERG Standard Application Format* consists of a signature sheet, Public Health Service form 5161-1, and the following five parts:

- **Part I: Initial Needs Assessment** includes a description of the emergency disaster event for which services will be provided, the geographic area(s) for which services will be provided, an estimate of the number of disaster victims requiring assistance, and an explanation of special needs and circumstances related to the disaster that may increase the need for services;

- **Part II: State, Tribal, and Local Resources and Capabilities** describes the State and local resources and capabilities, systems, and an explanation of why these resources cannot meet the level of need resulting from disaster-related substance abuse and/or mental health needs;

- **Part III: Plan of Services** includes a list of proposed services to be provided, service priorities, types of services to be provided, level of staffing, examples of strategies for targeting those in need of services, and training;

- **Part IV: Budget** includes a format for a budget that is integrated with the needs assessment and program plan.

Signature Sheet

Purpose: The Governor or for the purposes of a federally recognized tribal government, the principal elected official or official's designee is required to sign the ERG Immediate Award Program application. The Governor must also certify that a substance abuse and/or mental health emergency and that the level of needs exceed the capacity of available State and local resources to respond. The signature sheet is used as a transmittal letter and fulfills the requirement to have the Governor's or principal elected official's or designees signature and certification on the application. Most States find it easier to use this form than to draft a separate transmittal letter.

Where to Find the Coversheet in the Immediate Services Application: The signature sheet is page one of the application.

Instruction: An ERG Immediate Award application will not be accepted by the Substance Abuse and Mental Health Services Administration (SAMHSA) without the Governor's or the principal elected official's or designee's signature. The Director of the State Mental Health Authority (SMHA) does not have authority to apply for Immediate Services Program funds without the Governor's or the principal elected official or designee's signature.

Note: While the Governor or the principal elected official or official's designee's signature and certification are required for submission of an Immediate Services Program application, the signature sheet provided in this package is an optional form**.** If the State prefers, a transmittal letter to SAMHSA. Be sure that the transmittal letter states the amount of funding requested and the Governor or principal elected official agrees to and certifies the four points listed on the signature sheet.

Standard Form 5161 Request for Federal Assistance

Purpose: The Public Health Service 5161 is the Federal form required by the Office of Management and Budget (OMB) on grant applications. All applicants for Immediate Award funds must submit a completed SF 5161 signed by the Governor or elected head of Tribal/American Indian American Native (AIAN) community. Eligible applicants for Immediate Award funds include: any State, any political subdivision of a State, any Federally recognized Indian tribal government or tribal organization.

The SF 5161 consists of the following 7 sections:

- General Information and Instructions
- SF-424, the face page of the application which requests basic information about the applicant and the project
- Budget Information, requests information on the applicants financial plan for carrying out the project or program
- Assurances, sets forth certain requirements with which applicants must certify that they will comply if a grant is awarded.
- Certifications, sets forth certain requirements for grantees which have been legislatively implemented since the SF 424 assurances pages were last revised
- Program Narrative, requests the applicant describe the objectives of the program and to relate how those objectives will be attained.
- Checklist, which must be included in all applications

Where to Find the SF-424: A copy of the SF 424 is the cover sheet form that is included this SF 5161 application package. Additional copies of the SF 5161 may be obtained from SAMHSA. Electronic versions of the SF-5161 may be obtained through the CMHS website at www.mentalhealth.org/cmhs/EmergencyAward.

Instruction: The SF-424 included in the SF 5161 application package is separated into numbered blocks requesting information that is critical in assuring an accurate funding award. Instructions are provided with the SF 424. The following information may be helpful in completing the information blocks of the SF 424 for an ERG Immediate Award Program.

- **Block 1 (Type of Submission)**: ERG applicants should check the box labeled “non-construction.”

- **Block 2 (Date Submitted)**: Enter actual date of submission. This must be as soon as possible after the precipitating event.

- **Block 3 (Date Received by State)**: Leave blank or enter date application submitted to the GAR or head of Tribal/ American Indian American Native (AIAN) community. This block is not used by the Federal government in the ERG application process.

- **Block 4 (Date Received by Federal Agency):** Leave blank.

- **Block 5 (Applicant's Information)**: This section should be completed with information for the Governor's Authorized Representative (GAR), or head of Tribal/ American Indian American Native (AIAN) community, who is the legal applicant. Additional contact information should be provided in the application for the project director at the State Mental Health or Substance Abuse Authority.

- **Block 6 (Employer Identification Number):** The Employer Identification Number is an IRS number and should be obtained from the applicant's fiscal management office.

- **Block 7 (Type of Applicant):** Enter the appropriate letter that best describes the type of applicant in the box provided.

- **Block 8 (Type of Application)**: Applicants should check the box labeled "new."

- **Block 9 (Name of Federal Agency):** The Federal agency is the "Substance Abuse and Mental Health Services Administration (SAMHSA)."

- **Block 10 (The Code of Federal Domestic Assistance Number)**: The Code of Federal Domestic Assistance (CFDA) number for the Immediate Award Application is the following: [INSERT NUMBER].

- **Block 11 (Descriptive Title of Applicant's Project)** This may be listed as "Immediate Award Program – Emergency Response Grant Program" or if the applicant has already titled the project (e.g. "Project Recovery"), that title may be used.

- **Block 12 (Areas Affected by the Project)** Applicants should list areas to be served. Even if only part of a geographic unit (such as a county) will be served, list the entire geographic unit.

- **Block 13 (Proposed Project Start and End Dates)**: The program start date is as "as soon as possible" and the ending date is 90 days following the precipitating event.

- **Block 14 (Congressional Districts)**: List all Congressional Districts served by the project.

- **Block 15 (Estimated Funding)**: The amount of Federal assistance requested should be provided in block a. In-kind contributions should be listed in c or d. There should be no program income. Estimates may be rounded to the nearest dollar only.

- **Block 16 (Is the application subject to review by State Executive Order 12372 Process?)**: Before completing this block, applicants should check with the State's Single Point of Contact for Executive Order 12372.

- **Block 17 (Is the applicant delinquent on any Federal debt?)**: The applicant must answer this question in consultation with its fiscal management offices.

    - **Block 18, (Signature Block).** The signature block must be completed by the individual authorized to act for the applicant, such as the Governor, or principal elected official, who is the legal applicant.

Part I: Initial Needs Assessment

Purpose: The ERG regulations lists six required elements of the ERG Immediate Award application. The first element being the certification signature sheet by the State Governor or the principal elected official's or designee. The next two elements are:

- A brief program plan describing needs; and,
- An estimate of the number of disaster victims requiring assistance and the geographical areas needed in which people need to be served.

To simplify the application process, these elements along with further description of substance abuse and/or mental health needs and special circumstances have been combined into Part One of the application. Consequently, the application includes a total of five parts in contrast to the six required elements of the regulations.

The first element of the regulations requires the State to disclose a description of the event and the impact of the event on the population(s) to be served by the ERG Immediate Award. The second element requires that the State assess the geographic needs and determine how many disaster victims will be assisted. This application format provides space for an anecdotal description of crisis counseling needs and special circumstances surrounding the disaster. Applicants are strongly encouraged to provide narrative description of needs.

Important sources of information on crisis counseling needs may include the State Emergency Management Agency, voluntary agencies such as the American Red Cross, and media sources. In addition, any crisis counselors and other human service workers deployed by the State Mental Health Authority or other public agencies in the immediate aftermath of a disaster may provide information on crisis counseling needs not revealed through the damage assessment formula.

Where to find Part I in the Immediate Award application: Part I begins on page 2 of the application

Instruction: Part I of the application format is divided into three sections: A) Description of Emergency/Disaster event B) Geographic Areas to be Served and Estimated Need, and C) Description of Substance Abuse and/or Mental Health Needs and Special Circumstances. Instructions for completing each section are provided separately below.

A. Description of Emergency/Disaster Event

All applicants are required under Federal regulation to identify to demonstrate substance abuse and/or mental health needs directly resulting from the emergency disaster event. The event must be clearly identified along with information regarding its

impact. The State must identify high risk groups or populations with special concerns that may impact the delivery of services (e.g., children, adolescents, older adults, ethnic and cultural groups, lower income populations). This documentation of need shall include the extent of physical, psychological and social problems observed, and a description of how the estimate of the number people served was made. The applicant must clearly document that no other local, State, Tribal, or Federal funding sources are available to address the need.

B. Geographic Areas and Estimated Need

Applicants are required to address documented needs within a defined geographic area and in a specified period of time. How the State elects to designate disaster areas to be served by the Immediate Services project is generally dependent on how mental health services are organized in the State and the location of local providers. The mental health service areas in the State may not organized by county, parish, municipality, or tribal lands. In developing an Immediate Services project, the State does not have to define the areas in the same manner as the Presidential declaration (i.e., by county). It is recommended a map of the service areas be attached to the application.

Once the State has determined how best to designate the disaster areas, the areas need to be listed on the left hand column of the table provided under the text box entitled "B. Geographic Area(s) and Estimated Need." This table is provided on page 3 of the Standard Application Format. The right hand column of the table requires that the applicant enter an estimate of the number of disaster victims requiring assistance.

C. Description of Mental Health and/or Substance Abuse Needs and Special Circumstances

Section C of Part I provides an opportunity for the State to document any emergency caused mental health and/or substance abuse reactions (behavioral, emotional, physical, and/or cognitive) and/or special circumstances that then directly relate to the need for substance abuse and/or mental health services for an identified population(s). This element of the application points to the Plan of Services that begins to be addressed in Part 2 of the application.

<u>Examples of Reactions and Special Circumstances</u>

Some examples of reactions and special circumstances that might be described in this section include the following:

- Large numbers of community residents undergoing a dangerous or traumatic evacuation from their workplace and not wanting to return to their places of work; and

- Large numbers of residents directly exposed to a traumatic event (e.g. large apartment complex fire with multiple buildings destroyed) and having that directly affect their levels of anxiety.

Applicants should provide any available information regarding special population needs that may impact the design and implementation of the ERG immediate program. Information on special population needs may be obtained from key informant interviews with community leaders, administrators, and service providers who have been active in the disaster response.

Examples of Special Population Needs

Some examples of special population needs that should be described in Section C would include the following:

- A brief description of generally-available information about unique cultural issues in the impacted community that may present special needs (e.g. language issues that may present a need for bilingual outreach workers and bilingual educational materials); and

- A brief description of unique characteristics of the impacted area that may impact the delivery of services (e.g. largely rural and isolated populations impacted by the disaster requiring more difficult outreach).

Part II: State, Tribal, and Local Resources and Capabilities

Purpose: The ERG regulations require that the Immediate application provide "a description of the State tribal and local systems for mental health and substance abuse, and an explanation of why these resources cannot meet the need." The Federal government is required to verify that the needs are beyond State and local resources and capabilities, before Federal funds may be awarded.

Where to find Part II in the application: Part II is located on page 5 of the Standard Application provided in this package.

Instruction: State Disaster Substance Abuse and/or Mental Health Coordinators should very briefly describe the State and local substance abuse and mental health system. For example, applicants should describe whether the State Mental Health Authority operates based on a county or regional system, or whether services are directly delivered by the State Mental Health Authority. Other issues that may be addressed include the following:

- What role does managed care play?

- Who are the clients served by the Authorities and local providers?

Keep your description brief. Explain why these resources cannot meet the needs of disaster victims. Does the Authority set aside funds for disaster programs? Are crisis counseling services beyond the Authorities and local providers normal scope of services?

Part III: Budget

Purpose: The sixth and final element of the Immediate Services application required by the ERG regulation is the budget. ERG regulations require "a detailed budget, showing the cost of proposed services separately from the cost of reimbursement for any eligible services provided prior to application." It is important to note the regulation states that the budget for proposed services must be separated from reimbursement costs and that the budget must be detailed.

Where to find Part V in the Immediate Services Application: Part V is on page 12 of the ISP Standard Application Format.

Instruction: The regulatory requirement for the budget is met by completing three types of budget worksheets:

1. Individual budgets for each service provider and the SMHA that separates reimbursement from projected costs;
2. An overall summary of costs; and
3. A justification of costs.

Immediate Services Overall Summary of Costs

Worksheet 2 (page 13 of the application format) is a summary of all of the Worksheet's submitted by the SMHA and the local providers. The interim and project costs are combined in one document. In the actual application submission, it is recommended that this overall summary of costs be provided before the individual agency budgets.

Instructions for Budget Narrative

The budget narrative (pages 16-17 of the application format) provides the required narrative that details and justifies the types of expenditures. The budget narrative is used by CMHS and FEMA to assure all costs are allowable and appropriate. In developing a budget narrative, States should provide basic information to convey the rationale for budget figures. As a supplemental program, FEMA does not fund a line item category for indirect costs. All projected costs for the project must be carefully documented and explained. Indirect costs are commonly an in-kind contribution to the program.

Question 1. How were salary levels and fringe benefits determined? Were they based on comparable positions in the local area? (If not, explain why.)

The State is required to confirm that the salaries and fringes are based on comparable positions in the local area. If the costs are based on comparable positions, the State should answer yes and in one or two sentences describe the comparable positions. If the answer is no, the State needs to describe why salaries/fringe benefits differ from comparable positions. For example, some States do not provide fringe benefits to

temporary hires. Thus, Immediate Services staff may be hired at a slightly higher rate to compensate for not receiving fringe benefits.

Question 2: Complete the table on consultants.

The compensation must be in compliance with FEMA policy as described in the *Immediate Services Allowable and Appropriate Costs* matrix. Trainers traveling from out-of-state should be included in the consultant category.

Question 3. List types of items included in supplies (i.e., cell phones, computers, beepers, etc.).

Office supplies do not have to be listed as specific item types (i.e., pens, pencils, paper). Any supply item that is not normally stocked in a typical business office should be listed. Each piece of equipment to be purchased must be listed. Also list equipment that will be offered by the agency for use in-kind (*computers, mobile phones, pagers, fax,copier*) and whether some equipment may be available from State warehouses or donated by a local corporation.

Question 4: List the types of travel expenses (i.e., mileage, rental cars) and confirm the costs are based on established State rates.

The general calculations behind travel figures should be provided. For example, if local travel is based on reimbursement for mileage, the rate of reimbursement and estimated number of miles should be listed. If rental cars will be used, justify the need in 1-2 sentences.

Question 5. Complete the table on Trainers.

The compensation must be in compliance with FEMA policy as described in the *Immediate Services Allowable and Appropriate Costs* matrix in the CCP Fiscal Guidance. Trainers traveling from out-of-state should be included in the consultant category.

Question 6. List and describe the types of expenditures included in the media/public information category.

Expenses for pamphlets, flyers, and handouts should be documented. Media expenses for recruitment should be listed. For print ads and broadcast time regarding the availability of Crisis Counseling Services, FEMA advises that programs seek donations as a public service for space and airtime announcements. If this is not possible, provide a detailed explanation for additional media needs related to the program plan.

Part IV: Plan of Services

Purpose: The third required element of the Immediate Services application in the ERG regulations is "a clear plan of services to address documented needs within a defined geographic area and in a specified time period." The pilot application divides the plan of services into the staffing plan, organizational structures, job descriptions and types of services.

Where to find Part III in the Immediate Services Application: Part III is on pages 6 & 7 of the Immediate Services Standard Application format.

Instruction for Service Plan:

A. Brief Plan of Services

This section, located on page 6 of the application, describes service priorities, staffing, and strategies.

1. **Service Priorities**: These priorities and types of services that are asked for in the first and second bullets on page 6 of the application will help to explain the priority and services specific to your ERG program. "The funds identified for use under the ERG program are considered funds of last resort. The ERG authority is an important adjunct to the existing authority for mental health crisis counseling grants." Types of services that may be funded by the ERG program include: Outreach, crisis counseling, public education on stress management and crisis mental health, public education on substance abuse prevention, information and referral services, short term mental health or substance abuse prevention and/or treatment services.

Unallowable are expenses that will not be reimbursed under the ERG program. These expenses include: Major construction costs; childcare services, unless provided by the institution or entity providing mental health or substance abuse treatment and integral to the treatment program; services outside of the geographic area specified in the application, except to the extent that the precipitating event requires physical relocation of either affected parties or facilities; any mental health or substance abuse services not directly related to the substance abuse or mental health emergency; any expenses that supplant ongoing local, State, Tribal, or Federal expenditures; and, any other costs unallowable by Federal law or regulation.

<u>Examples of Types of Services in an Emergency Response Grant</u>

The following descriptions characterize services most frequently funded by the ERG. Portions of these descriptions may be "cut, pasted, and modified" to address specific disaster plans in the State.

B*"Cut, Paste, and Modify"*

Individual Mental Health Counseling Services assist disaster survivors in understanding their current situation and reactions, reviewing their options, addressing their emotional support and linking with other individuals and agencies who may assist them. During individual services, crisis counseling are active listeners who provide emotional support.

Group Counseling Services involve providing/facilitating support groups, meeting with citizens, working in classrooms with affected students, working with affected teachers and administrators after school, discussing disaster-related issues with families, assisting people in understanding their current situation and reactions, reviewing their options, addressing their emotional support and linking with other individuals and agencies who may provide assistance. Groups may be facilitated by a mental health professional, a paraprofessional or the group members themselves.

Substance Abuse Prevention or Treatment Services assist disaster survivors in coping with their emergent substance abuse prevention and/or treatment needs. Such services could involve a range of activities, ranging from individual or group counseling and information, to providing necessary medications for opioid-addicted patients.

Education Services include the distribution or presentation of information on the project or mental health or substance abuse-related topics. Educational information may be provided through brochures, flyers posted in public areas, mailings and training to human service personnel such as the clergy or teachers. The media is often a partner in providing information through Public Service Announcements, newspaper articles and advertisements. Educational information may also be provided to groups of people. The key difference between group education services and group crisis counseling services is that project staff present information to groups rather than facilitate the sharing of experiences between members of the group.

Referrals are a key component of the ERG. In most disasters, the majority of survivors have needs that can be met by short-term, relatively informal interventions. However, in some circumstances, some disaster survivors may need long-term, more formal substance abuse and/or mental health services that are beyond the scope of the ERG. Survivors requiring longer-term, more formal mental health and/or substance abuse treatment should be referred to an appropriate agency or licensed professional. Some disaster recovery needs may be more physical, structural or economical in nature and addressing these issues is likely outside the scope of the ERG. In these instances, ERG staff play a key role in referring survivors to specific disaster services available through FEMA Teleregistration, the State, and voluntary agencies such as the American Red Cross, the Salvation Army, Interfaith Disaster Recovery Award and Unmet Need Committees.

As indicated above, the applicant may include modified descriptions of these types of services in the brief Immediate Award program plan. If the applicant will be offering services other than described above, it will be important to provide a description of the services with an explanation.

In addition, the Brief Plan of Services should briefly describe how staff will be deployed to provide the types of services described above. The plan should also briefly outline any quality control methods in place to assure that appropriate services to disaster survivors and staff support mechanisms are available. While a basic plan of immediate services can be created by the applicant prior to a disaster, it is important that it be adapted to ensure that services are organized and delivered appropriately for each disaster.

2. **Staffing**: The State must provide the Federal government with information on the agencies or organizations that will be providing services. The State will also identify which designated area(s) each service provider has been assigned. The designated areas should be based on the information on service areas provided in Part I of the Immediate Services application.

Most commonly, service providers are community mental health and substance abuse agencies with which the State Substance Abuse or Mental Health Authority has a pre-existing organizational relationship. A SAMHSA Project Officer is available to provide on-site technical assistance to the State Disaster Substance Abuse or Mental Health Coordinator.

In the ERG application, service provider information should be entered. The names, addresses, and contact information for each service provider should be provided. The service area for each service provider should be provided. These service areas should correspond with the service areas identified in Part I of the application. In some instances, more than one service provider may be identified for a service area. For example, one service provider may have credibility with a particular cultural group or community and may provide targeted outreach.

In this section of the ERG Program application, applicants may report numbers in terms of full-time staff equivalents (F.T.E). For example, if one full-time and one half-time staff will be hired, report 1.5 will be hired.

3. **Strategies:** In this section you will need to provide specific examples of strategies for targeting and reaching those in need of services and might be more difficult to reach, but identified. Example**:** Public education on substance abuse and/ or mental health by use of sign language to help the large number of hearing impaired individuals identified in your geographic region.

B. Training (Optional)

A description of any training plans that will apply to your ERG program is requested on page 7 of the application. It is divided into the following three sections: 1) Selection of Trainers; 2) Training Content; and 3) Dates of Training. Applicants may respond using "check boxes" indicating whether qualified trainers are available in the State.

1. Selection of Trainers

   The first section on trainers asks the State to determine if there are professionals within the State who can provide training free of cost or if a training or capacity development need exists, but the project is unable to determine who can do the training. If the State has a trainer or trainers identified, the names and contact information should be listed. It is also recommended that a resume be included as an attachment.

2. Training Content

   The second section on trainers asks the State to discuss and attach documents such as outlines and/or course materials to be used in training. It also asks if the project would like additional technical assistance from SAMHSA in developing a training plan. If this is the case, please contact ____ at SAMHSA, (301)_____.

3. Dates of Training

   The third section requests dates of training. If possible, applicants should identify the specific dates during which Immediate Services Program training will take place. If training dates have not been finalized, projected dates of training should be identified.

Supplemental Instructions for the Regular Services Program Standard Application Format

Crisis Counseling Assistance and Training Program
Regular Services Program
Standard Application Materials – Pilot Version

These supplemental instructions describe the purpose of each section of *the Regular Services Program (ISP) Standard Application Format* and provide instruction on completing the application and required forms and worksheets. The instructions are most useful when reviewed simultaneously with the *RSP Standard Application Format.* The application format and supplemental instructions are cross-referenced with corresponding page numbers.

The *RSP* Standard Application Format consists of a signature sheet, PHS Form 5161-1, including Standard Form 424 and the assurances (SF 424B), and the following sections:

- **The Executive Summary** describes the overall proposal and provides key information for quick review.

- **Part I: Disaster Description, Geographic and Demographic Information** of the disaster, its scope and overall impact, and the characteristics of the impacted communities;

- **Part II: State and Local Resources and Capabilities** describes the State and local resources and capabilities, and an explanation of why these resources cannot meet the estimated disaster crisis counseling needs;

- **Part III: Response Activities from Date of Incident** describes response activities from the date of the disaster incident to the date of the application submission, including data on service contacts during an Immediate Services Program grant;

    - **Part IV: Needs Assessment** includes an estimate of the number of disaster victims requiring assistance for each service area and a detailed analysis of service needs based on all available data sources;

- **Part V: Plan of Services** includes a descriptive listing of service providers, a staffing plan, an organizational chart, a detailed plan for outreach and counseling services, a training plan, a description of facilities, and a plan for evaluation; and

- **Part VI: Budget** includes a format for a budget that is integrated with the needs assessment and program plan.

Because the Regular Services Program is a nine month program and applications are due 60 days after the disaster declaration, rather than 14 days after the declaration as is required for the Immediate Services Program, it is expected that applicants will submit a more detailed and comprehensive program plan than is required under the Immediate Services Program. For an overview of the Crisis Counseling Assistance and Training Program, applicants should review the following program guidance document:

- An Overview of the Crisis Counseling Assistance and Training Program (CCP-PG-01)

This document is available on the world wide web at the following address: www.mentalhealth.org/cmhs/EmergencyServices.

CMHS Peer Review: Unlike the Immediate Services Program grant application, which is reviewed only by staff of the Federal Emergency Management Agency and the Center for Mental Health Services, the Regular Services grant application is also reviewed by a small group of selected disaster mental health experts from around the country. Throughout these supplemental instructions, tips are provided on key information to consider providing for CMHS peer reviewers. For a more detailed description of the peer review process and standards for reviewers, it is suggested that applicants review the Orientation Manual for Reviewers: Regular Services Grant Applications. This document is available on the world wide web at the web site specified above.

Signature Sheet

Purpose: The Governor's Authorized Representative (GAR) is required to sign the Regular Services Program application. The GAR must also certify that crisis counseling needs exceed the capacity of available State and local resources to respond. The signature sheet is used as a transmittal letter and fulfills the requirement to have the GAR's signature and certification on the application. Most States find it easier to use this form than to draft a separate transmittal letter.

Where to Find the Coversheet in the Regular Services Application: The signature sheet is page one of the application.

Instruction: The GAR is the only State official authorized to represent the Governor and apply for Regular Services funding. A Regular Services application will not be accepted by the Federal Emergency Management Agency (FEMA) without the GAR's signature. The Director of the State Mental Health Authority (SMHA) does not have authority to apply for Regular Services Program funds without the GAR's signature. Page three of this document provides a signature sheet that may be used to obtain the GAR's signature.

Note: While the GAR's signature and certification are required for submission of a Regular Services Program application, the signature sheet provided in this package is an optional form**.** If the State prefers, a transmittal letter to the FEMA Disaster Recovery Manager (DRM) from the GAR may be used. Be sure that the transmittal letter states the amount of funding requested and the Governor agrees to and certifies the four points listed on the signature sheet.

PHS Form 5161-1 Request for Federal Assistance

Purpose: PHS Form 5161-1, which includes official assurances, certifications, and key application information is required for all Regular Services Program grant applications. PHS Form 5161-1 includes the SF 424 (the Federal form required by the Office of Management and Budget) on grant applications along with key assurances that other Federal requirements will be met. Unlike the Immediate Services Program grant, which is administered by the Federal Emergency Management Agency, the Regular Services Program grant is officially administered by the U.S. Department of Health and Human Services. Therefore, key information on the SF 424 (e.g. name of Federal agency) will be different in the Regular Services Application.

Where to Find PHS Form 5161-1 A copy of PHS Form 5161-1 form is included with this application package. Additional copies may be obtained from FEMA or CMHS. Electronic versions may be obtained through the CMHS website at www.mentalhealth.org/cmhs/EmergencyServices.

Instruction: The PHS Form 5161-1, including the SF 424, assurances (SF 424B) and certifications should be attached to the application immediately behind the signature sheet. The key document, the SF 424 is separated into numbered blocks requesting information that is critical in assuring an accurate funding award. Instructions are provided with the SF 424. The following information may be helpful in completing the information blocks of the SF 424 for an Regular Services Program.

- **Block 1 (Type of Submission)**: Applicants should check the box labeled “non-construction.”

- **Block 2 (Date Submitted)**: Enter actual date of submission. This must be no later than 60 days following the Presidential disaster declaration. The date of the declaration is day zero (0). The day after the declaration date is day one (1) for determining the application due date.

- **Block 3 (Date Received by State)**: Leave blank or enter date application submitted to the GAR. This block is not used by the Federal government in the ISP application process.

- **Block 4 (Date Received by Federal Agency):** Leave blank.

- **Block 5 (Applicant’s Information)**: This section should be completed with information for the Governor’s Authorized Representative (GAR). Additional contact information should be provided in the application for the project director at the State Mental Health Authority (or other legal applicant designated by the.GAR).

- **Block 6 (Employer Identification Number):** The Employer Identification Number is an IRS number and should be obtained from the State’s fiscal management office.

- **Block 7 (Type of Applicant):** The type of applicant is "State." Therefore, applicants should enter the letter "A" in the box provided.

- **Block 8 (Type of Application)**: Applicants should check the box labeled "new."

- **Block 9 (Name of Federal Agency):** The Federal agency is the "Center for Mental Health Services."

- **Block 10 (The Code of Federal Domestic Assistance Number)**: The Code of Federal Domestic Assistance (CFDA) number for the Immediate Services Application is 93.982.

- **Block 11 (Descriptive Title of Applicant's Project)** This may be listed as "Regular Services Program - Crisis Counseling Project" or if the State has already titled the project (e.g. "Project Recovery"), the title may be used.

- **Block 12 (Areas Affected by the Project)** Applicants should list declared areas to be served, based on the President's disaster declaration. The SF 424 submitted to CMHS must correspond with areas listed in the Presidential declaration (generally declarations specify counties as geographic units included in the declaration, but may specify parishes, municipalities or other large geographic area designations). Even if only part of a geographic unit (such as a county) listed in the Presidential declaration will be served, list the entire geographic unit.

- **Block 13 (Proposed Project Start and End Dates)**: The program start and end dates should be left blank. The start date will be provided on the CMHS Notice of Grant Award (NOGA).

- **Block 14 (Congressional Districts)**: List all Congressional Districts served by the project.

- **Block 15 (Estimated Funding)**: The amount of Federal assistance requested should be provided in block "a." In-kind contributions should be listed in "c" or "d." There should be no program income. Estimates may be rounded to the nearest dollar.

- **Block 16 (Is the application subject to review by State Executive Order 12372 Process?)**: Before completing this block, applicants should check with the State's Single Point of Contact for Executive Order 12372.

- **Block 17 (Is the applicant delinquent on any Federal debt?)**: The State must answer this question in consultation with its fiscal management offices.

- **Block 18, (Signature Block).** The signature block must be completed by the Governor's Authorized Representative (GAR) No one else may sign for the Governor. A SF 424 signed by the State Mental Health Agency Director or another

employee of the State Mental Health Authority will be returned by FEMA and may delay processing of the application.

Other Required Documents in PHS 5161

In addition to the SF-424 cover sheet, applicants are required to submit copies of all budget and assurance documents included in the PHS 5161 packet. The materials that must be completed include the following items:

- SF-424A Budget Information – Non-Construction Programs (This document must be completed in addition to other budget documents in the application packet.)

- SF-424B Assurances – Non-Construction Programs (Applicants must sign documentation assuring that the applicant has the legal authority to apply for funds and will comply with Federal statutes and regulations.)

- Certifications (Applicants must certify that the applicant is not subject to debarment, meets drug-free workplace requirements, will not use funds for lobbying, will comply with all terms and conditions of award, and meets requirements regarding environmental tobacco smoke.)

- Assurance of Compliance Form HHS 441 (Assurance of Compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the Age Discrimination Act of 1975).

Instructions for program narrative may in the PHS 5161-1 should be substituted with the additional application materials included in this packet.

Executive Summary

Purpose: An Executive Summary provides key information on the scope and magnitude of the disaster, how the State responded initially, and how the State and community service providers propose to provide services during the Regular Services Program. The Executive Summary provides "at a glance" information for reviewers and program administrators and is particularly critical in large or complex applications.

Where to Find the Executive Summary in the Regular Services Application: The Executive Summary begins on page 2 of the application template.

Instruction: While the Executive Summary is provided at the beginning of the application, in practice it is recommended that this section be completed last, after all other key information has been determined in the application. The summary should be less than one page and should include the following types of information:

- The name of the project;
- The amount of the grant request and number of staff positions requested;
- The type of disaster and examples of the impact on community residents;
- The counties (or other political units) included in the disaster declaration;
- The number of service contacts and types of services provided during an Immediate Services Program;
- Key geographic areas to be served in the Regular Services Program grant;
- The number of people projected to need Crisis Counseling Services and any populations groups of particular concern or emphasis; and
- The types of services to be provided in the Regular Services Program.

Note: The Executive Summary is likely to be the first section of an application to be read by reviewers and may be used by program administrators in developing situation reports and brief summaries for higher level Federal and Congressional requests for information. Therefore, this section provides an important opportunity to make a strong "first impression" on reviewers regarding program needs and program plans.

Part I: Disaster Description, Geographic and Demographic Information

Purpose: The CCP regulations require that the application include a description of the geographic areas within the designated disaster area for which services will be provided. The regulations also require that that the Center for Mental Health Services (CMHS) conduct a review to determine the extent to which the assistance requested by the Governor or his or her authorized representative is warranted.

Peer reviewers selected by CMHS may be unfamiliar with the disaster and its impact. In order for these reviewers to put the needs assessment and program plan into appropriate context, a description of the disaster and the general geographic, social, economic, cultural and ethnic characteristics of the areas affected is also required.

Where to find Part I in the Regular Services Program Application: Part I of the application can be found on page 2 of the application template.

Instruction: Part I of the application is divided in to the following two sections: A. Description of the Disaster, and B. Map of the Disaster Area. Instructions for completing each section are provided separately below.

A. Description of the Disaster

This section should provide a brief and clear overview of the type of disaster that occurred, the time frame during which the disaster took place, the areas impacted and the general social, economic, geographic, cultural, and ethnic characteristics of the affected communities. Many factors related to the disaster may impact the delivery of crisis counseling services. For example, applicants may wish to include the following types of key details:

- Was the disaster the result of natural causes (e.g. hurricane, tornado, earthquake, wildfire, floods) or was the disaster the result of an accident (e.g. accidental fires) or a deliberate criminal act (e.g. bombing)?
- How much warning did disaster victims have?
- How long did the actual disaster last?
- Was disaster damage concentrated in small areas or widely disbursed?
- Were the affected communities primarily rural, suburban, or urban in nature?
- Did disaster response organizations encounter any particular challenges in reaching specific communities?

- What are the general social, economic, and demographic characteristics of the affected communities?

It is recommended that the description of the disaster provide some information on all areas included in the Presidential disaster declaration, even if the State will not be providing services under the Regular Services Program. A more detailed description of mental health impacts and special populations in each area will be provided in the needs assessment section, which provides the rationale for the need for services in each community.

Note: The disaster description should provide a "big picture" of the disaster. It is recommended that the description be written with the assumption that reviewers have never traveled through the disaster area. The descriptions should be specific regarding the characteristics of the area, whether the population is diverse or relatively homogenous, types of agriculture, major industries, and other sources of employment, whether income levels and unemployment are low or high, what languages are spoken, and what ethic or cultural issues may affect disaster reactions and delivery of services.

B. Map of the Disaster Area

A map of the disaster area is a critical element of the Regular Services application. Maps outlining the disaster impacts may be available through the Federal Emergency Management Agency, the State Emergency Management Agency, or the American Red Cross. The nature of maps provided in the application may differ significantly depending upon the type of disaster. If a disaster took place in several areas across the State, the application should include a map of the State highlighting the counties or service areas included in the Presidential disaster declaration. More detailed maps may be provided for impacted areas. For example, maps may outline the path of a hurricane or a large tornado, the areas affected by flooding, or areas burned in a fire. High quality maps are not only useful for reviewers, but are important tools in program planning.

Note: While it is recommended that maps be integrated with the text, maps that cannot be imported into the application format may be attached to the application with appropriate reference in the text.

Part II: State and Local Resources and Capabilities

Purpose: The CCP regulations require that Regular Services Grant applications include a description of State and local resources and capabilities and an explanation of why these resources cannot meet the need. Before FEMA and CMHS can award grant funding, they must verify that the needs are beyond State and local capacity to address. The major purpose of Part II is to describe the capacity of the State and community service system so that reviewers can verify in the following section (needs assessment) that the needs have exceeded the available resources at the State and local level.

Where to find Part II in the Regular Services application: Part II begins on page 3 of the application template.

Instruction: The application should describe the mental health system within the State, explain how the community-based mental health system is organized, and explain the State role in that system. For example, applicants should describe whether the State Mental Health Authority operates based on a county-based or regional system, or whether services are directly delivered by the State Mental Health Authority.

As noted in the Orientation Manual for Reviewers, it is possible for applicants to "assume too much" when describing their own mental health systems, omitting important information the reviewer needs to fully understand how the system functions. Because community mental health systems are organized differently across the country, it is important to provide a clear sense of the priorities and capacity of the State and community system. For example, some issues that may be addressed include the following:

- Who are the clients routinely served by the public mental health system?
- Does the State Mental Health Authority provide any direct services?
- What authority does the State Mental Health Authority have over service providers?
- What are the primary funding sources for existing mental health services and what restrictions are placed on those funding sources?
- What role does managed care play?

Applicants must explain why existing resources cannot meet the needs of disaster victims. Does the SMHA set aside funds for disaster programs? Are crisis counseling services beyond the SMHA's and local providers normal scope of services?

Note: If the State does have existing resources that can be used for disaster mental health services, these resources should be described here and outlined as "in-kind" contributions in the program plan.

Part III: Response Activities from Date of Incident

Purpose: The CCP regulations require that a State that receives an Immediate Services Program grant must provide a mid-program report when a Regular Services Program grant is being prepared and submitted. This report is included as a part of the Regular Services application. This section not only fulfills the Immediate Services Program requirement for a mid-program report, it also serves to demonstrate to the CMHS peer reviewers that the State is already providing appropriate and effective crisis counseling services.

Note: If the State did not receive Immediate Services Program grant funding, the list of service providers and detailed data reports described below in Section B are not required in the format specified below. However, the applicant is strongly encouraged to describe (in any format) any services that were provided by local mental health service providers so that reviewers have an understanding of the response activities prior to the Regular Services application.

Where to Find Part III of the Regular Services Application: Part III of the application can be found on page 4 of the Regular Services application template.

Instructions: Part III is divided into the following four sections: A) List of Immediate Services Crisis Counseling Service Providers, B) Immediate Services Program Data, C) Description of Services and Brief Analysis of Data, and D) Immediate Services Program Training Provided. Instructions for completing each section are provided separately below.

A. List of Immediate Services Crisis Counseling Service Providers

The table format for the list of service providers in the Immediate Services Program is identical to the table format in the Immediate Services Program Standard Application format. If the information regarding service providers, service areas, and project managers did not change after the Immediate Services application, applicants may "cut and paste" the table from the Immediate Services application. If there have been changes in service providers, service areas, or program managers, the table must be updated. Applicants may add or delete rows from the table, depending on the number of service providers included in the project. The names, addresses, and contact information for each service provider should be provided in the left hand column. The service area for each service provider should be provided in the center column. The name of the project manager at each agency should be provided in the right hand along with contact information. The information in this table should be accurate as of the date the report is submitted with the Regular Services Program application.

B. Immediate Services Program Data

The table format for data reporting is based on the data elements included in the Crisis Counseling Program Data Management Tool Kit. The data collection instruments

included in the Data Management Tool Kit were developed in consultation with State Mental Health Authorities and are designed to provide basic information on service contacts, services provided, and issues observed by Crisis Counselors. The forms in this data toolkit include forms on individual service contacts, group contacts, and material distribution. The forms are recommended, but not required. They are used throughout the Immediate and Regular Service programs to compile statistics required in the application and the quarterly and final program reports. The State is free to alter these forms or replace them with their own forms in consultation with their project officer.

To assure accurate and high quality data, it is critical that all Crisis Counselors receive training on the use of data collection instruments and that data are provided in a timely fashion. There are five tables for data which should be completed separately for each service provider in the project. These tables, which can be found on pages __ through __ of the application template should be clearly labeled to indicate the name of the agency and the date the table was completed. The five data tables for Section B are as follows:

- Individual Service Contacts - Demographic Information,
- Individual Service Contacts - Observed or Reported Reactions,
- Individual Referrals,
- Group Contacts, and
- Material Distribution.

Instructions for each table are provided separately below.

Individual Crisis Counseling Contacts – Demographic Information

Data should reflect each service contact as detailed in the instructions in the Data Management Tool Kit. The table on demographic information provides information on age, gender, ethnicity, and primary language of individuals receiving services from each service provider. Numbers of service contacts reported should be provided in the shaded area to the right of each data element. The age ranges for preschool, childhood, and adolescence are specified in the data collection instruments and reporting format. The age range for adults and older adults should be specified based on State policies and procedures. If no State policies and procedures exist to identify older adults (or senior citizens), the age of 65 may be used. Data on age, ethnicity, language, and gender are based on the observations and reporting of outreach and counseling staff after individual service contacts.

Individual Crisis Counseling Contacts – Observed or Reported Reactions

The table on observed or reported reactions documents the behavioral, emotional, physical, and cognitive reactions to the disaster as observed by crisis counseling staff for each individual service contact as instructed in the Data Management Tool Kit.

Numbers of service contacts reported should be provided in the shaded area to the right of each data element.

Note: The categories for disaster reactions included in the Data Collection Tool Kit are based on they typical disaster reactions outlined in the Training Manual for Mental Health and Human Service Workers in Major Disasters, 2nd Edition Therefore, the reports in each category should reflect the results of appropriate training. These data are intended to provide a general sense of the types of issues being encountered by crisis counselors.

Individual Referrals

The table on individual referrals documents referrals by the Crisis Counseling staff either to other crisis counseling staff members in the project of to other service providers in the community. Numbers of referrals should be provided in the shaded area to the right of each type of referral.

Group Contacts

The table on group contacts includes information on any Group Crisis Counseling Services and Group Educational Services that have been provided during the Immediate Services Program. The listing of Group Crisis Counseling Services should include any group activities in which participants are encouraged to discuss their individual reactions to the disaster. The listing of educational groups should include any presentations in which participants are not expected to discuss their individual reactions. The name and primary focus of each group should be listed in the left hand column of the table and the number of participants should be listed in the shaded column on the right. Dates of groups or presentations may be provided in the left hand column if available. For example, if an educational presentation on disaster mental health reactions in children is provided to group of 15 elementary school teachers, the left hand column should include a brief description (e.g. “Smithville Elementary School Teachers Group – Presentation on Disaster Reactions in Children, May 10, 2001”) and the number of participants (15) should be listed in the right hand column.

Material Distribution

Mailings or handouts of information should be documented based on counts or estimates from staff in each agency as instructed in the Data Management Tool Kit. This provides a general sense of how much educational material has been distributed in the community. The number of materials distributed should be listed for each agency in the right hand shaded column of the table.

C. Description of Services and Brief Analysis of Data

On page _ of the Regular Services application template, State applicants are asked to provide a brief description of the services provided during the Immediate Services

Program including a discussion of any trends or key issues based on analysis of the Immediate Services Program data. This section provides an opportunity for the applicant to describe any key issues encountered during the first two months of services, and to explain any unusual results in the data collection process. For example, if a service provider encountered start-up challenges and had a very low number of service contacts, or if specific behavioral or emotional reactions appear to be much higher than others, some explanation can be provided. Service data collected during this phase of the program may be useful for ongoing needs assessment, program planning, and process evaluation. Analytical description of data can help ensure that reviewers fully understand the significance of the service data.

D. Immediate Services Program Training Provided

As detailed on page 8 of the application template, the mid-program report should list all training provided to Crisis Counseling Staff during the Immediate Services Program, who provided the training, and when it was provided. If materials used for training included the Training Manual for Mental Health and Human Service Workers in Major Disasters, 2nd Edition, this should be noted. If this training manual was not used, or if other materials were used, copies of agendas and training materials should be attached to the application for illustrative purposes.

Part IV: Needs Assessment

Purpose: The CCP regulations specify that the application must include an estimate of the number of disaster victims requiring assistance. This documentation of need should include the extent of physical, psychological, and social problems observed, the types of mental health problems encountered by victims, and a description of how the estimate was made.

The needs assessment is the foundation of the program plan and includes data and narrative description of the crisis counseling needs and characteristics of the population. The needs assessment should provide information on each designated service area for the program.

Where to Find Part IV in the Regular Services Application: Part IV can be found on page __ of the application template.

Instruction: Part IV of the application template includes the following three sections:

A. Geographic Areas and Estimated Need,
B. Needs Assessment Formula, and
C. Description of Crisis Counseling Needs and Data Analysis.

It should be noted that the tables and formulas in sections A and B are virtually identical in format to those provided in the Immediate Services Program Standard Application format. Therefore, applicants who are already familiar with these tables and the Needs Assessment Formula may wish to bypass the instructions provided in these instructions (on pages __ to __). However, it is important to note that these tables should be updated based on any new FEMA damage assessment information that became available after the completion of the Immediate Services Program application. In addition, it is important to note that applicants are expected to collect and analyze additional data and anecdotal information for Section C (the description of crisis counseling needs) and this section, which begins on page __ should reflect needs identified during an Immediate Services Program grant.

A. Geographic Areas to be Served and Estimated Need

All applicants are required under Federal regulation to identify the areas within the Presidentially declared disaster areas for which services will be provided. State Disaster Mental Health Coordinators should use data from all available sources to identify areas most in need of crisis counseling services. They must also ensure that available services within the existing mental health system are not sufficient to meet those needs.

The Presidential declaration is generally for counties, parishes, municipalities or other large geographic area designations. Counties are the most commonly designated geographic areas in Presidential disaster declarations. In the past, States were required

to submit applications based on the geographic designation used in the Presidential declaration of the disaster. In the current application format, the State may use any geographic or organizational identifier to designate the areas to be served, as long as all areas to be served fall within the area declared by the President to be eligible for individual assistance.

How the State elects to designate disaster areas to be served by the Crisis Counseling project is generally dependent on how mental health services are organized in the State and the location of local providers. The mental health service areas in the State may not be broken down by county, parish, or municipality. In developing a Crisis Counseling project, the State does not have to define the areas in the same manner as the Presidential declaration (i.e., by county). However, the service areas that are defined by the State must stay within the boundaries established by the Presidential declaration and the areas must be clearly defined in the application. It is recommended that a map of the service areas be attached to the application, particularly if the State is designating the disaster area differently than the Presidential declaration. The FEMA reviewers are required to verify that the project is only providing services in areas declared by the President. If a map is provided, they will be able to compare it to their map of Presidentially declared areas.

Once the State has determined how best to designate the disaster areas, the areas need to be listed on the left hand column of the table provided under the text box entitled "A. Geographic Areas and Estimated Need." This table is provided on page 2 of the Standard Application Format. The right hand column of the table requires that the applicant enter an estimate of the number of disaster victims requiring assistance. These estimates are developed using the CMHS Needs Assessment formula, which is described on the following page.

B. Needs Assessment Formula

The CMHS Needs Assessment Formula Sheet was developed through extensive consultation with State Mental Health Authorities experienced with the Crisis Counseling Program. It provides a simple methodology for estimating potential crisis counseling needs based on the number of deaths, injuries, damaged or destroyed homes, and other disaster losses documented in the community. This formula serves as the foundation of needs assessment process and can help in identifying geographic service areas for the program and staffing needs.

<u>How to complete the CMHS Damage Assessment Formula</u>:

FEMA and the State Emergency Management Agency (SEMA) generally conduct ongoing damage assessment activities and data collection following the disaster. The information is updated as new information is collected. The State Disaster Mental Health Coordinator should contact FEMA and/or SEMA and ask for copies of damage assessment information. Make sure to use the most current data available the day the formula is completed. If possible, the State should obtain data that correspond to the

service areas. In some cases, it may be necessary to combine damage assessment data from one or more counties to obtain complete data for the service region identified by the State for the Regular Services Program.

The CMHS Needs Assessment Formula is provided in a chart format on page _ of the Standard Application format and can be modified electronically. The left hand column of the chart entitled "Loss Categories" identifies major types of loss that may result in crisis counseling needs. These needs are listed in the chart as follows:

Loss Categories
Type of Loss
Dead
Hospitalized
Non-Hospitalized injured
Homes destroyed
Homes "major damage"
Homes "minor damage"
Disaster unemployed (Others—Specify)

These loss categories generally correspond to categories of data collected by FEMA and the State Emergency Management Agency (SEMA) during the Preliminary Damage Assessment. Data on the last category (Disaster Unemployed) may be available from FEMA.

The second column of the chart, entitled "Number of Persons" should be completed using data from the Damage Assessment. If FEMA Damage Assessment data have not been collected in this disaster, the State should identify alternate sources of data that may be used. These may include data from the American Red Cross or data from the State Emergency Management Agency. If the grant applicant is using data that is not provided by FEMA, this should be identified clearly in the application.

The second column of the chart below has been completed with sample data:

Loss Categories	Number of Persons
Type of Loss	Number
Dead	25
Hospitalized	250
Non-Hospitalized injured	15
Homes destroyed	1000
Homes “major damage”	3000
Homes “minor damage”	5000
Disaster unemployed (Others—Specify)	200

Once Damage Assessment Data have been entered into the chart, final numbers are determined by a formula, multiplying the numbers from the damage assessment by the average number of persons per household in the impacted area and then multiplying this number by the percentage estimated to need and access crisis counseling services. The Average Number of persons per household (ANH) is a number available from the Census Bureau. If the State is unable to determine the ANH for the identified service area, then use the national average figure of 2.5. Using this average figure, the sample data in the example have been multiplied in the following chart. This number has been multiplied by the “At-Risk Multiplier” which is provided in the chart on the following page.

Example:

Loss Categories	Number of Persons	ANH	Range Estimated	Total
Type of Loss	Number	Multiply by ANH [2.5]	At-Risk Multiplier	Number of persons targeted per loss category
Dead	25	62	100%	62
Hospitalized	250	625	35%	219
Non-hospitalized Injured	10	25	15%	4
Homes destroyed	1000	2500	100%	2500
Homes "Major Damage"	3000	7500	35%	2625
Homes "Minor Damage"	5000	12500	15%	1875
Disaster Unemployed (Others--Specify)	200	500	15%	75
Total estimated persons in need of crisis Counseling services (add total column)				**7360**

In this example, according to the damage assessment formula, the total number of people estimated to need crisis counseling services within the identified service area would be 7360. This number in the far right hand column is a simple estimate that can be used in developing an initial program plan. If you have questions about completing this formula, contact your CMHS project officer.

Description of Crisis Counseling Needs

Section C of the Needs Assessment (Part IV) begins on page 11 of the application template. This section provides an opportunity for the State and community service providers to document any crisis counseling needs or special circumstances not identified though the Needs Assessment Formula in Section B. While the CMHS formula often provides a reasonably accurate estimate of the need and sufficient information for planning during the 14 days prior to an Immediate Services grant application, it is expected that State applicants will have developed a wider array of information sources for needs assessment prior to submission of a Regular Services grant application. In addition to service data from the Immediate Services Program, applicants are expected to obtain key informant data from other community service providers and groups, such as educators, human service providers, business groups, health service providers, and other disaster response organizations.

In completing this section of the needs assessment, applicants are expected to collect and analyze data from a wide variety of sources, including FEMA, the State Emergency Management Agency, and the American Red Cross. Applicants are also encouraged to analyze information from media sources and to conduct interviews with key informants throughout the affected communities. A Needs Assessment Matrix, outlining potential sources of information, is provided on the following page. This matrix may be completed and attached or inserted in the application. However, it is recommended that the information also be described in a narrative format in this section, with special emphasis on needs observed in key population groups.

In addition to documenting general issues facing the populations, applicants for Regular Services grants are reviewed based on a comprehensive assessment of need, including a detailed assessment of the needs of special populations groups that may be especially vulnerable to disaster effects, or who may have unique service needs (such as children, older adults, ethnic and cultural groups). Information on special population needs may be obtained from key informant interviews with community leaders, administrators, and service providers who have been active in the disaster response. Applicants may also wish to include anecdotal information to illustrate needs and the impact of the disaster.

Examples of Special Population Needs

Some examples of special population needs that should be described in Section C would include the following:

- A description of generally-available information about unique cultural issues in the impacted community that may present special needs (e.g. language issues that may present a need for bilingual outreach workers and bilingual eduational materials);

- Issues identified through key informant interviews with service providers or representatives of key population groups; and

- A description of the specific issues encountered by each special population group during an Immediate Services Grant Program.

The needs assessment may also include groups employed in particular sectors of local economies and people who are shouldering additional responsibilities because of their age or role in the family or community. The applicant should discuss any special challenges likely to be encountered in trying to reach specific target groups that may be difficult to reach, such as rural populations.

Note: Applicants have considerable flexibility in the format for presenting crisis counseling needs. As noted with regard to the description of the disaster, applicants should assume that reviewers are not familiar with all populations in the disaster areas. The needs assessment should reflect familiarity with service needs based on a careful and thoughtful presentation of information from various sources.

Needs Assessment Matrix (Optional Format)

INDICATORS		INFORMATION SOURCES			
Total number		American Red Cross	Disaster Field Office/ State Emergency Management Agency	Media	Key Informants (list sources)
Homes Destroyed					
Homes - "major damage"					
Homes - "minor damage"					
Deaths					
Injuries					
Hospitalized					
Displaced					
Unemployed					
# Shelters					
# Persons Sheltered					
Supplemental Housing Availability % Vacancy					
Number of applications for assistance					
Closed Businesses					
Closed Schools					
Number of impacted students					
% of Impact Rural					
% of Impact Urban (and small town)					
Population of Declared Areas					
Impacted population of declared areas					
Estimated Number of People needing disaster MH services					

Part V: Plan of Services for Regular Services Grant

Purpose: The CCP regulations specify that the plan of services in the Regular Services Program application must at a minimum include the following items:

- A description of the manner in which program services will address the needs of the affected population, including the types of services to be offered, an estimate of the length of time for which mental health services will be required, and the manner in which long-term cases will be handled;

- A description of the organizational structure of the program, including the designation by the Governor of the individual to serve as administrator of the program. If more than one agency will be delivering services, a plan to coordinate services must be described;

- A description of the training program for project staff, indicating the number of workers needing such training; and

- A description of facilities to be utilized, including plans for securing office space if necessary for the project.

Where to find Part V in the application: Part V is located on pages _-_ of the application template.

Instruction for Plan of Services: The plan of services is the longest section of the application and includes information that is critical for program review. Part V of the Regular Services application template is divided into the following sections:

A. Service Providers (page _)
B. Staffing Plan (page _)
C. Organizational Structure (page _)
D. Plan of Services (page _)
E. Training (page _)
F. Facilities (page _)
G. Evaluation (Optional) (page _)

A. Service Providers

This section describes service providers and is located on page _ of the application. The State must provide the Federal government with information on the agencies or organizations that will be provide crisis counseling services in the Regular Services Program. The State will also identify which designated area(s) each service provider has been assigned.
In the Regular Services Application Format, service provider information may be entered in any format. To provide reviewers with a clear sense of the service provider

agencies, their primary mission, and service areas, it is recommended that applicants include a brief description of each service provider and its role in the project. This is particularly important if a service provider is not a community mental health agency or is being utilized for outreach to a specific population. Most commonly, service providers in the Crisis Counseling Assistance and Training Program are community mental health agencies with which the State Mental Health Authority has a pre-existing organizational relationship. However, State mental health agencies may also contract with other social or human service organizations that have pre-existing service relationships with specific populations.

The names, addresses, and contact information for each service provider should be provided along with the service area and information on any special population focus or unique role the organization will play in the Regular Services Project. If the service provider is a community mental health service provider with which the State has a pre-existing organizational relationship, this should be indicated. If the service provider is an organization with which the State Mental Health Authority has developed a new organizational relationship, the application should describe why this agency was selected. For each service provider, if a project manager has been identified, his or her name should be provided.

Note: A chart similar to the chart used in the Immediate Services application may be used to format basic information, but should be updated from the Immediate Services application, must accurately reflect the service providers, and should be supplemented by a brief description of each service provider and its role in the project.

B. Staffing Plan

The number of staff required for the Regular Services project should be provided for each service provider, along with basic descriptions of job responsibilities. The staffing plan must correspond with personnel expenses identified later in the application in the program budget. Applicants should report the actual number of staff positions to be filled, along with the percentage of time devoted to the project in full time equivalents (F.T.E). For example, if one full-time and one half-time staff will be hired, the plan should report that 2 staff will be hired with one working full time (1 F.T.E.) and one working half time (.5 F.T.E.) Job titles and descriptions are provided in the Immediate Services Standard Application Format as guidance for the State and may be revised or replaced. This is done in order to expedite the application process during the 14 day time frame of the Immediate Services Program.

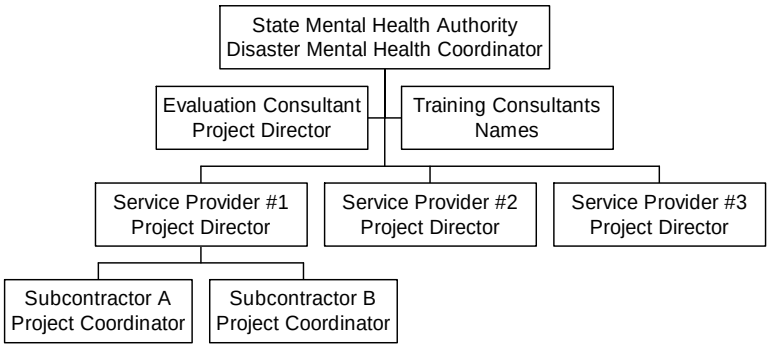
Because job descriptions are important for effective program management, FEMA and CMHS strongly recommend that for the Regular Services Program basic job descriptions should be customized to address the service system within each agency. Ideally, basic job descriptions for crisis counseling should be developed prior to a disaster declaration to ensure an efficient response. More detailed descriptions of roles and responsibilities in the Crisis Counseling Program are available in the CMHS Program Guidance entitled Staff Roles and Services within Crisis Counseling Programs,

available online at www.mentalhealth.org/cmhs/EmergencyServices. In addition, a CMHS Project Officer can consult with the State Disaster Mental Health Coordinator. Resumes should be provided for all leadership staff (e.g. program managers, team leaders, licensed mental health professionals) and for all consultants or trainers.

C. Organizational Structure

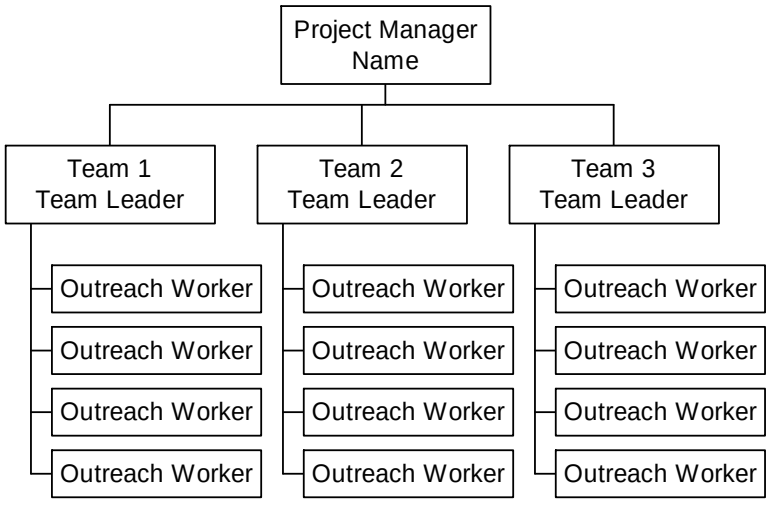
As noted on page 9 of the ISP Standard Application Format, an organizational chart for the project is required for the Immediate Services application. Two types of organizational charts may be useful. First, a chart detailing organizational lines of accountability may be developed. This chart outlines the contractual or grant relationships among all organizations in the project. An example is provided below.

Example 1. Organizational Lines of Accountability



Second, an organizational chart outlining staff responsibilities is recommended for each service provider or agency involved in the project. An example is provided below.

Example 2. Staff Lines of Responsibility



If an organizational chart can not be developed on computer software in time for the Immediate Services Application, applicants should provide a simple hand-drawn chart

and attach to the end of the application document. In addition, applicants with complex organzational structures should provide a very brief description of organizational and supervisory structure for the project.

D. Plan of Services

The plan of services describes the types of services to be provided and how participating agencies will assure that services are targeted appropriately and provided in a high quality manner. Applicants should organize text in a manner that most accurately describes the approach to services within the State. If the service approach and types of services to be provided will be consistent among all service providers, the State may provide an overall description followed by brief descriptions of any unique issues among individual service providers. If the service approaches are significantly different among the service providers, extensive descriptions of the services approaches among each agency may be provided. Some tips on items to consider in developing the Regular Services plan of services are provided below.

Types of Services to be Provided

The basic services of the Crisis Counseling Assistance and Training Program include individual outreach, crisis counseling, services to groups, public education, information and referral services. Crisis counseling programs generally rely on staffing patterns consisting of para-professionals and indigenous community workers who are supervised by mental health professionals. A key concern for reviewers will be to assess whether or not the services to be provided are consistent with the stated goals and requirements of the Crisis Counseling Program. Reviewers look for evidence that proposed services are consistent with the principles of disaster related crisis counseling and that the services are delivered in an outreach mode. In developing plans, it is recommended that applicants review CMHS program guidance documents describing the types of services funded through the program. Specifically, applicants should review the following documents:

- Crisis Counseling and Mental Health Treatment – Similarities and Differences (CCP-PG-02) This program guidance outlines the similarities and differences between crisis counseling and mental health treatment in the context of the FEMA/CMHS Crisis Counseling Assistance and Training Program (CCP). It describes the scope and limitations of crisis counseling services and identifies key questions agencies and counselors should consider when deciding whether to refer an individual to mental health treatment services.

- Staff Roles and Services Within Crisis Counseling Programs (CCP-PG-03) This program guidance is designed to provide States with direction on the roles and services of the Crisis Counseling Program staff.

- Case Management and Advocacy Within Crisis Counseling Programs (CCP-PG-04) This program guidance discusses advocacy and case management and clarifies the

types of activities that are appropriate and inappropriate for implementation in the Crisis Counseling Assistance and Training Program (CCP). This guidance may be particularly helpful for Crisis Counselors who have prior experience as case managers within the public health system because some commonly-practiced advocacy and case management activities are not within the scope of the CCP.

All of these guidance documents may be obtained from your CMHS Project Officer. They are also available on the CMHS website.

Strategies for Targeting Special Population Groups

Applicants must address how service delivery will be adapted to reach special populations cited in the needs assessment. The assurance that the applicant will be culturally aware or sensitive is insufficient. Cultural competency is evidenced by recognition of the specific barriers that exist for each population and the strategies that will be used to overcome these barriers. Evidence of cultural competence may also be demonstrated by using agencies, organizations, and resources that have credibility or existing service relationships with special populations. Crisis counseling staff recruited from communities in which people with special needs live is an indication of efforts to provide a culturally competent program. Several CMHS publications have been developed that may provide useful ideas for program planning with special populations. These publications include the following:

- Psychosocial Issues for Children and Adolescents in Disasters;
- Psychosocial Issues for Older Adults in Disasters;
- Responding to the Needs of People with Serious and Persistent Mental Illness in Times of Major Disaster; and
- Disaster Mental Health: Crisis Counseling Programs for the Rural Community.

Electronic versions of these publications are available on the CMHS website (www.mentalhealth.org/cmhs/EmergencyServices). Copies may also be ordered by dialing 1-800-789-2647.

Quality Control Methods

Applicants should describe quality control methods that will be implemented at the State level (e.g. regular site visits, reports, conference calls, use of program data) as well as approaches that will be used to assure high quality services within each agency (e.g. regular staff meetings, staff reports, review of CMHS guidance documents).

Coordination with Other Community Resources

Applicants should describe how services will be coordinated with existing service programs in the community as well as other disaster response efforts, such as unmet needs committees. Because the Crisis Counseling Assistance and Training Program is designed to provide short term supplemental funding to communities, the applicant must

demonstrate that services supplement, but do not supplant existing community services and staff. Service coordination will be important in making referrals for services not covered under the Crisis Counseling Program and for ensuring a smooth transition at the completion of the program. Applicants should document how the program will strengthen local capacity and resources to lesson dependence on Federal financial assistance and link with existing local, State and Federal resources.

Staff Support Mechanisms

The application should describe approaches to ensuring staff morale and staff support (e.g. individual supervision, staff support meetings, available assistance programs or stress management for staff). Support mechanisms to help staff address their own emotional concerns are important in all crisis counseling projects and are particularly critical in grants that are responding to violent incidents or highly traumatic circumstances.

E. Training

The training of staff hired to provide crisis counseling services is key to ensuring high quality and appropriate services. Community members hired for outreach services may not have significant mental health experience. Those that do have mental health training generally do not have experience working in the unique context of disasters. In addition, staff hired under the FEMA/CMHS program are expected to understand the administrative and data collection requirements of the program, the distinctions between Crisis Counseling and other types of disaster mental health services, and expectations regarding coordination and cooperation with other disaster response personnel.

Funding may be used to support training within established FEMA training policies. Priority is placed on the use of trainers from within the State who have experience with the FEMA/CMHS Crisis Counseling Assistance and Training Program. Program guidances and the training manual, entitled Training Manual for Mental Health and Human Services Workers in Major Disasters, 2nd Edition, can be obtained from the CMHS clearinghouse and is available online at the following website: www.mentalhealth.org/cmhs/EmergencyServices.

In developing the training plan, applicants should consider key issues that occur at each stage of program implementation. In the Regular Services Program, it is recommended that training be provided at the following stages of program implementation:

- Regular Services Start-Up–this training will take place at the initiation of a Regular Services Program and should orient counselors to expectations for program work at a later phase of disaster recovery;

- Mid-Program Training–This optional Regular Services training should focus on assessment of program strategies and phase down plans; and

- Anniversary/Close-Out Phase–This training should take place near the end of the Regular Services Program and will help staff prepare themselves and the community for the phase-out of the program.

The application should identify the training schedule and locations, the content of training (attached agendas or brief descriptions of the goals of each training), the trainers who have been selected (attach resumes and briefly state if the trainers were recommended by CMHS or are in-State resources with experience in the FEMA/CMHS Crisis Counseling Assistance and Training Program). The application should also describe who will be trained and explain whether training will be offered to other human service workers not employed through the Crisis Counseling Program grant.

F. Facilities

Applicants must provide a description of facilities to be used for office space and as a base for outreach services. Office space is often provided to Crisis Counseling Program grantees as an in-kind contribution by the community mental health center or by other community organizations close to the disaster survivors. Because services are outreach-based, requests for office space should be minimal and have a strong program justification. Office space funding requests must be detailed in the budget and will not be approved without a strong programmatic justification.

G. Evaluation (Optional)

All Regular Service Program grantees are strongly encouraged to conduct process evaluations designed to improve service delivery and to ensure that the most vulnerable populations are receiving needed services. Both FEMA and CMHS are urging grantees to devote additional attention to ensuring that projects are carefully developed and monitored and that program decisions are evidence-based. Evaluation should be conceived of as an integral and ongoing aspect of a crisis counseling project--not a stand-alone activity. Since every community is unique and every disaster unique, it is anticipated that the evaluation process will be different for every grantee. Just as the crisis counseling program must be tailored to its special set of circumstances, so must its evaluation. Evaluation, as recommended for the Crisis Counseling Program, refers to the systematic collection of information designed to answer important questions about activities, characteristics, and results of a program. It does not refer to research projects, which are not funded under the Crisis Counseling Program, or independent studies unrelated to the basic activities of the grant. When implemented appropriately, evaluation does not interfere with the delivery of services and can improve the quality of services by providing ongoing feedback to staff and managers. For more information on evaluation approaches recommended in the Crisis Counseling Program, see the program guidance document entitled Evaluation of Crisis Counseling Projects (CCP-PG-07). This document can be obtained from your project officer and is available on the CMHS website.

Part V: Budget

Purpose: The fifth and final element of the Regular Services application required by the CCP regulation is the budget. CCP regulations require "a detailed budget, including identification of the resources that the State and local government will commit to the project, proposed funding levels for the different agencies if more than one is involved, and an estimate of the required Federal contribution."

Where to find Part V in the Regular Services Application: Part V is on page __ of the application template.

Instruction: The regulatory requirement for the budget is met by completing three types of budget worksheets:

1. Individual budgets for each service provider and the State Mental Health Authority that separates reimbursement from projected costs;
2. An overall summary of costs; and
3. A justification of costs.

CMHS has developed a sample spreadsheet that is available for use in completing the budget. This pre-formatted spreadsheet, referred to as the Budget Estimating and Reporting Tool (BERT) includes tips on FEMA budget policies. It can be downloaded on-line from the CMHS website. For more information contact your CMHS project officer.

Before completing any of the three budget forms, it is strongly recommended that applicants review the CMHS Program Guidance entitled Fiscal Guidelines for the Crisis Counseling Assistance and Training Program (CCP-PG-06). This guidance is included in the application package and is available on the CMHS website.

Regular Services Overall Summary of Costs

Worksheet 2 (page __ of the application format) is a summary of all of the Worksheet's submitted by the SMHA and the local providers. The interim and project costs are combined in one document. In the actual application submission, it is recommended that this overall summary of costs be provided before the individual agency budgets.

Instructions for Budget Narrative

The budget narrative (pages __-__ of the application format) provides the required narrative that details and justifies the types of expenditures. The budget narrative is used by CMHS and FEMA to assure all costs are allowable and appropriate. In developing a budget narrative, States should provide basic information to convey the rationale for budget figures. As a supplemental program, FEMA does not fund a line item category for indirect costs. All projected costs for the project must be carefully

documented and explained. Indirect costs are commonly an in-kind contribution to the program.

Question 1. How were salary levels and fringe benefits determined? Were they based on comparable positions in the local area? (If not, explain why.)

The budget justification should also provide a breakdown of all staff positions, including the rates of pay on an hourly, weekly, or monthly basis. The State is required to confirm that the salaries and fringes are based on comparable positions in the local area. If the costs are based on comparable positions, the State should answer yes and in one or two sentences describe the comparable positions. If the answer is no, the State needs to describe why salaries/fringe benefits differ from comparable positions. For example, some States do not provide fringe benefits to temporary hires. Thus, Immediate Services staff may be hired at a slightly higher rate to compensate for not receiving fringe benefits.

Question 2: Complete the table on consultants.

The compensation must be in compliance with FEMA policy as described in the *Immediate Services Allowable and Appropriate Costs* matrix. Trainers traveling from out-of-state should be included in the consultant category.

Question 3. List types of items included in supplies (i.e., cell phones, computers, beepers, etc.).

Office supplies do not have to be listed as specific item types (i.e., pens, pencils, paper). Any supply item that is not normally stocked in a typical business office should be listed. Each piece of equipment to be purchased must be listed. Also list equipment that will be offered by the agency for use in-kind (*computers, mobile phones, pagers, fax,copier*) and whether some equipment may be available from State warehouses or donated by a local corporation.

Question 4: List the types of travel expenses (i.e., mileage, rental cars) and confirm that the costs are based on established State rates.

The general calculations behind travel figures should be provided. For example, if local travel is based on reimbursement for mileage, the rate of reimbursement and estimated number of miles should be listed. If rental cars will be used, justify the need in 1-2 sentences.

Question 5. Complete the table on Trainers.

The compensation must be in compliance with FEMA policy as described in the *Regular Services Allowable and Appropriate Costs* matrix in the CCP Fiscal Guidance. Trainers traveling from out-of-state should be included in the consultant category.

Question 6. List and describe the types of expenditures included in the media/public information category.

Expenses for pamphlets, flyers, and handouts should be documented. Media expenses for recruitment should be listed. For print ads and broadcast time regarding the availability of Crisis Counseling Services, FEMA advises that programs seek donations as a public service for space and airtime announcements. If this is not possible, provide a detailed explanation for additional media needs related to the program plan.

Question 7. Provide a detailed justification for any evaluation expenses included in the budget.

Expenses for any data collection, analysis, or evaluation consultation must be thoroughly detailed. It is recommended that State Disaster Mental Health Coordinators consult closely with the CMHS Project Officer in developing any evaluation activities. Because the Crisis Counseling Program is a service program and does not fund studies or research projects, any expenses in this category must be directly related to crisis counseling services and process evaluation within the grant project.

Crisis Counseling Assistance and Training Program
Regular Services Program
Pilot Application Signature Sheet

State Disaster Mental Health Coordinator. The following individual is the primary contact person for coordinating the mental health response to this disaster. This person will also be the State coordinator for the application process for Federal funds to provide disaster-related mental health services.

Contact person:
Title:
Agency:
Address:
Phone:
Fax:
E-mail address:

_____

***Signature,* Director, State Mental Health Authority**

Name: Phone number:
Fax: E-mail address:

This application represents the Governor's agreement and/or certification:

1. That the requirements are beyond the State and local governments' capabilities;
2. That the program, if approved, will be implemented according to the plan contained in the application approved by the FEMA Disaster Recovery Manager (DRM);
3. To maintain close coordination with and provide reports to CMHS Project Officer; and
4. To include mental health disaster planing in the State's emergency plan prepared under title II of the Stafford Act.

The State requests $_____ for Regular Services:

_____

Signature, Governor's Authorized Representative

Name: Phone Number:
Fax: E-mail address:

(Attach completed and signed sections of Form PHS 5161-1 including Standard Form 424 and the assurances (SF-424B) to the signature sheet.)

FEMA Disaster Number. Enter the FEMA Disaster declaration number below.

[Insert Text]

Executive Summary

In one page or less, provide a brief description of the overall proposal, including key details about the disaster and the State's initial response. For more information and tips on completing an executive summary, see page 7 of the supplemental instructions.

Part I: Disaster Description, Geographic and Demographic Information

A. Description of Disaster. Provide a brief description of the disaster, its scope and overall impact. This description should include the following: a) narrative information on the type of disaster (e.g. earthquake, hurricane, tornado, flood, fire), b) the timeframe during which the disaster occurred, c) the date of the Presidential disaster declaration, d) a description of the geographic area(s) affected by the disaster, and e) examples of major damage caused by the disaster and the overall impact on survivors. For additional information on completing this section, see page 8 of the supplemental instructions.

[Insert Text]

B Map of Disaster Area. Provide a map of the area included in the Presidential disaster declaration and identify the areas to be served under the Regular Services Crisis Counseling Program. This map may be inserted below or attached to the application. For additional information on completing this section, see page 9 of the supplemental instructions.

[Insert Map or Indicate if Map is Attached]

Part II. State and Local Resources and Capabilities

Briefly describe the State and local mental health systems. Explain why these resources cannot meet the disaster related mental health needs. (For additional information on completing this section see page 10 of the supplemental guidance.)

[Insert Text]

Part III. Response Activities from Date of Incident

Provide a description of State and local crisis counseling activities from the date of the incident to the date of application submission. If the State received an Immediate Services Crisis Counseling Program grant, this section should be used to complete the requirements under FEMA regulations for a mid-program report. A format for satisfying these reporting requirements is provided below. If the State did not receive an Immediate Services Program grant, a description should be provided of any crisis counseling services provided using State and/or local community resources (this description may be in any format). If no crisis counseling services have been provided by State and local service providers, this should be stated as well. (For additional information on completing this section, see page 11 of the supplemental instructions.)

[Insert text or complete reporting format below.]

A. List of Immediate Services Crisis Counseling Service Providers. In the table below, list the agencies providing crisis counseling services under the Immediate Services Program. In the left hand column, provide the name of the service provider along with the address and contact information for the agency. In the center column, list the service area(s) covered by the service provider In the right hand column, provide the name of the crisis counseling project manager along with contact information. (For additional information on completing this section, see page 11 of the supplemental instructions.)

Agency	Service Areas	Immediate Services Project Manager
Name Address Phone Fax Director's Name	Cite geographic or organizational designation	Name Address Phone Fax

B. Immediate Services Program Data. Using the table format below, provide service data from the Immediate Services Program. Reporting items in this format are based on data elements in the CCP "Data Management Tool Kit" which is recommended for use in the Immediate and Regular Services Programs. Separate reporting tables should be created for the each service provider in the Immediate Services grant and a combined table should be created for the overall project. (For additional information on completing this section, see supplemental instructions, pages 11-13.)

[Sample tables are provided for duplication. Include separate tables for each service provider and one combined table for entire State project]

INDIVIDUAL CRISIS COUNSELING CONTACTS
[Insert Agency Name or Name of Overall Project]

-Demographic Information-
Date Completed: [Insert date of data entry]

Age	**Contacts**	**Ethnicity**	**Contacts**
Preschool (0-5)	[Insert Numbers]	White	[Insert Numbers]
Childhood (6-11)		Hispanic Origin	
Preadolescent/ Adolescent (12-17)		African American/Black	
Adult [Indicate Age Range]		American Indian/Alaska Native	
Older Adult [Indicate Age Range]		Other	
		Don't Know	
Language	**Contacts**	**Gender**	**Contacts**
English	[Insert Number]	Male	[Insert Numbers]
Spanish		Female	
American Sign Language			
Others [specify in text]			

INDIVIDUAL CRISIS COUNSELING CONTACTS [Insert Agency Name or Name of Overall Project Observed or Reported Reactions			
Behavioral	**Contacts**	**Emotional**	**Contacts**
Aggression	[Insert Numbers]	Sadness	[Insert Numbers]
Excessive Activity Level		Irritability/Anger	
Apathy/Decreased Energy Level		Despair, Hopelessness	
Isolation/Withdrawal		Guilt/Self-Doubt	
Hypervigilance		Mood Swings	
Reluctance to Leave Home		Preoccupation with Disaster, Safety	
Other [describe in text]		Other [describe in text]	
Physical	**Contacts**	**Cognitive**	**Contacts**
Headaches	[Insert Numbers]	Confusion	[Insert Numbers]
Gastrointestinal Problems		Recurring Dreams/Nightmares	
Sleep Disturbances		Lack Concentration	
Memory Problems		Difficulty Making Decisions	
Appetite Changes		Questioning Spiritual Beliefs	
Worsening of Chronic Conditions		Other	
Fatigue/Exhaustion			
Other [Describe in Text]			

INDIVIDUAL REFERRALS [Insert Agency Name or Name of Overall Project	
Source	**Number of Referrals**
Within Project	[Insert Numbers]
Other Disaster Agencies	
Longer Term Mental Health Services	
Community Services	
Other [Describe in Text]	

GROUP CONTACTS [Insert Name of Services Provider or Name of Overall Project]	
Group Crisis Counseling (List Groups)	**Number of Participants**
[Insert Descriptive Text – Add Rows if Necessary]	[Insert Numbers]
Group Educational Services (List)	**Number of Participants**
[Insert Descriptive Text– Add Rows if Necessary]	[Insert Numbers]

Material Distribution [Insert Name of Service Provider or Name of Overall Project]	
Type of Material Distribution	**Number of Materials Distributed**
Material left in public places	[Insert Numbers]
Material handed to people with no further interaction	
Material handed to people followed by a brief discussion of the material	

C. Description of Services and Brief Analysis of Data. Provide a brief description of the services provided during the Immediate Services Program including a discussion of any trends or key issues based on analysis of the Immediate Services Program data (e.g. what percentage of individuals identified in needs assessment received services during the Immediate Services Program) or any unique issues in the data (e.g. language groups not specified in standard reporting format). Describe the primary emphasis of services during the Immediate Services Phase (e.g. outreach services to most impacted communities), any issues that were unique to specific communities, and any unique service issues related to the type of disaster that occurred. For additional information on completing this section, see pages 13-14 of the supplemental instructions.

[Insert Text]

D. Immediate Services Program Training Provided. Describe the training provided to Crisis Counseling Staff during the Immediate Services Program. Who provided training? When was it provided? What was the agenda and focus of training? Please attach a copy of the agenda and a list of handouts, videos, or other materials used.

[Insert Text]

Part IV. Needs Assessment

A. Geographic Areas and Estimated Need. In the table provided below, list the areas within the Presidentially-declared disaster area for which services will be provided and the estimated number of people to be served in each area. List the geographic areas to be served in the left hand column. Areas to be served may be listed by service area, county, or other geographic or organizational designation identified by the State. All areas on the list must be within the disaster area declared by the President to be eligible for individual assistance. The service areas designated below will form the basis of the program plan and budget and therefore should be consistent throughout the application. In the right hand column, list the estimated number of people to be served in each area based on the CMHS Damage Assessment Formula, which is provided on the next page. For additional information on completing this section, see pages 15-16 of the supplemental instructions.

[Insert text in table below. Insert additional rows or delete rows as necessary]

Designated Area	Estimated Number to be Served
TOTAL	

B. Needs Assessment Formula. Using the CMHS Needs Assessment Formula (located below) estimate the number of persons you will serve in each designated area (fourth column of the following table). Attach a CMHS Needs Assessment Formula sheet for each designated area. See the supplemental guidance (pages 16-19) for additional information on completing the CMHS Needs Assessment Formula.

CMHS Needs Assessment Formula for
Estimating Disaster Mental Health Needs Disaster: FEMA XXXX-DR-State

This is an estimate for the following disaster area_____

Date of Report:_____ Completed by:_____

Loss Categories	**Number of Persons**	**ANH**	**Range Estimated**	**Total**
Type of Loss	Number	Multiply By ANH[1]	At-Risk Multiplier	Number of persons targeted per loss category
Dead			100%	
Hospitalized			35%	
Non-hospitalized Injured			15%	
Homes destroyed			100%	
Homes "Major Damage"			35%	
Homes " Minor Damage"			15%	
Disaster Unemployed			15%	
(Other Loss— Specify)			10%	
Total estimated persons in need of crisis Counseling services (add total column)				

Revised June, 2000

[1]ANH means **A**verage **N**umber of persons per **H**ousehold. This figure can be obtained on a county/parish/area basis from the Census Bureau. If the State is unable to determine the ANH for an area, then use the average figure of 2.5.

C. Description of Crisis Counseling Needs and Data Analysis. Please provide a detailed description of crisis counseling needs within the impacted areas. This description should include key data not included in the CMHS Needs Assessment Formula, such as information on businesses and schools closed as a result of the disaster, information on the number of applicants for FEMA individual assistance, and information on the demographic characteristics of the impacted communities. For each identified service area, identify any high risk groups or populations of special concerns identified through the State's initial needs assessment process (e.g. children, adolescents, older adults, people with disabilities, ethnic and cultural groups, lower income populations) and describe any specific issues or needs among these population groups. A number of optional tools have been developed to assist in completing this section. For additional instructions and examples of demographic analysis tools, key informant surveys, and a data matrix, see supplemental instructions, pages 20-21.

[Insert Text]

Part V. Plan of Services for Regular Services Grant

A. Service Providers. In the space below, provide a list of the service providers in the Regular Services Program along with a brief (one paragraph) description of the service provider agency, its primary mission and service area. Note: If the service providers, service areas, and Project Managers from the Immediate Services Program will remain the same in the Regular Services Program, this may be noted with a reference to the table in Part III. If agencies, service areas, or project managers will be different during the Regular Services Program, a new separate table should be completed for the Regular Services Program noting changes from the Immediate Services Program and transition plans for the Regular Services Program. For additional information on completing this section, see pages 23-24 of the supplemental instructions.

[Insert text. Insert new table if necessary]

B. Staffing Plan. Provide an overall staffing plan for the Regular Services Program grant. For each services provider, list and describe all staff to be funded through the Regular Services grant. Staff whose services will be provided to the project as an in-kind contribution from the State or the service provider should be described separately with a clear indication that positions will not be funded through the grant. For each staff position, the description should indicate the percentage of time dedicated to the project. Simple job descriptions (one paragraph) should be provided for each category of worker included in the project. Job descriptions should include specific information on responsibilities and expectations during the Regular Services Program. For additional information, see supplemental instructions on page 24.

[Insert text below. Staffing plans may be provided in tables, listings, or narrative format, but must include key information on all positions to be funded through the project.]

C. Organizational Structure. An organizational chart for the project is required for the Regular Services grant application. An organizational chart may be inserted below, or may be attached to this document. Please indicate below if an organizational chart is attached. For additional information on completing this section, see page 25 of the supplemental instructions.

[Insert text or organizational chart, or indicate that organizational chart is attached.]

D. Plan of Services. In the space following, describe services to be provided by each service provider included in the application. The Regular Services Program grant application should address special issues identified in the needs assessment and should include a separate plan of services for each service provider. Service plans should include the following information:

- Types of services to be provided (e.g. individual outreach, crisis counseling, services to groups, public education, information and referral services, consultation/in-service training);
- How staff will be deployed to provide these services
- Strategies for targeting those identified as in need of services, including special population groups identified in the needs assessment;
- Any quality control methods in place to assure appropriate services to disaster survivors;
- How services will be coordinated with existing community resources; and
- Any staff support mechanisms to be available (approaches that will be taken to maintain staff morale).

For additional instructions on creating a plan of services, see pages 26-28 of the supplemental instructions.

[Insert service plan(s) here for each service provider included in the grant]

E. Training. Describe the training plan for this Regular Services grant project. The training plan should cover the following areas:

- Selection of Trainers: Attach resumes and briefly state if the trainers were recommended by CMHS or are in-State resources with experience in the FEMA/CMHS Crisis Counseling Assistance and Training Program;

- Training Content: Attach training agendas and describe how the training sessions relate to the phase of the disaster;

- Training Schedule and Locations: Attach a copy of the training schedule and describe where the training will take place;

- Target groups for Training: Describe who will be trained and explain whether training will be offered to other human service workers not employed through the Crisis Counseling Program grant.

Funding may be used to support training within established FEMA training policies. Priority is placed on the use of trainers from within the State who have experience with the FEMA/CMHS Crisis Counseling Assistance and Training Program. For additional instructions on training, see pages 28-29 of the supplemental instructions.

[Insert description of training plan here and attach relevant materials to application.]

F. Facilities. Provide a description of facilities to be used for office space and as a base for outreach services. Explain whether or not space is being provided as an in-kind contribution to the project by the State and/or service providers. If new space will be leased for the Crisis Counseling Program, explain why this is necessary. (For additional instructions on completing this section, see supplemental instructions, page 29.)

[Insert text below]

G. Evaluation (Optional). Provide a description of plans for ongoing process evaluation in the Regular Services project. Describe any data sources that will be used for evaluation and procedures for staff feedback and mid-course program adjustments based on evaluation findings. If an evaluation consultant will be used for the Regular Services Grant program, explain why this consultant was selected and attach a resume to the application. (For additional information on completing this section, see page 29 in the supplemental instructions.)

[Insert text below]

Part VI. Budget

The budget must be integrated with the needs assessment and the program plan. The applicant may exhibit the budget in any format that is appropriate to the fiscal system of the State as long as the categories listed in the forms that follow are included. A separate budget must be provided for each service provider. There are three sections to the budget:

1. An overall summary of costs
2. Individual budgets for each service provider and the State Mental Health Authority
3. A narrative justification of costs

Note: Before completing any of the three budget forms, it is strongly recommended that applicants review the CMHS Program Guidance entitled Fiscal Guidelines for the Crisis Counseling Assistance and Training Program (CCP-PG-06). This guidance is included in the application package and is available at the CMHS website. In addition, CMHS has developed a Budget Estimating and Reporting Tool (BERT) that can assist in developing a budget within FEMA guidelines. This budget tool is available on the CMHS web page.

Additional information is provided in the supplemental guidance on pages 30-32. Sample formats are provided on the following pages.

Regular Services Program
Summary of Costs for Entire Project

Disaster Declaration Number: FEMA-XXXX-DR-XX

Budget Category	**State Budget Request: Total Estimate**	**Service Provider(s): Total Requests** **<u>Note</u>: attach budget for each service provider area**	**Total Regular Services Grant Request. Add State and Service Provider total estimates.**	**In-Kind Costs Costs contributed to the project per agency.**
Dates of Services				
Salaries and Wages (Describe specific positions and rates in budget narrative) Fringe Benefits (%) **Total Personnel Costs**				
Consultant Costs				
Office Supplies				
Travel				
Training				
Media/Public Information Costs				
Evaluation				
Total Costs				

Regular Services Program
Budget for State Mental Health Authority

Disaster Declaration Number: FEMA-XXXX-DR-XX

Budget Category	**Grant Request**	**In-Kind Costs Costs contributed to the project per agency.**
Dates of Services		
Salaries and Wages (Describe specific positions and rates in budget narrative) Fringe Benefits (%) **Total Personnel Costs**		
Consultant Costs		
Office Supplies		
Travel		
Training		
Media/Public Information Costs		
Evaluation		
Total Costs		

*****The State Mental Health Authority and each local provider should fill out this budget form.

Regular Services Program
Individual Service Provider Budgets

Name of Service Provider:

Budget Category	**Grant Request**	**In-Kind Costs Costs contributed to the project per agency.**
Dates of Services		
Salaries and Wages (Describe specific positions and rates in budget narrative) Fringe Benefits (%) **Total Personnel Costs**		
Consultant Costs		
Office Supplies		
Travel		
Training		
Media/Public Information Costs		
Evaluation		
Total Costs		

*****The State Mental Health Authority should work with each local service provider to develop budget and fill out this budget form.

Regular Service Program
Budget Narrative

A budget narrative is required to document the types of expenditures included in the budget, justify the funding request, and demonstrate fiscal accountability. (See pages 30-32 of the supplemental instruction.) Please provide the following information:

1. Provide a justification for the specific number of positions to be funded. Rates of pay (hourly or monthly), and the amount of time dedicated to the project must be provided for all positions. The budget narrative must also describe how salary levels and fringe benefits were determined. Were they based on comparable positions in the local area? (If not, explain why.)

2. List all consultants, the services they will provide and their compensation.

Name of Consultant	Type of Service	Travel Costs	Compensation Costs

3. List the types of items listed under office supplies (i.e., cell phones, computers, beepers, office supplies and maps). Detail on the number of items needed should correspond with the program plan.

4. List and describe the types of expenditures included in the travel category (i.e., mileage/rate, rental cars). Are the expenditures based on State rates for allowable travel costs? If not, explain and provide a justification.

5. List the trainers included in the training category.

Name of Trainer	Type of Training	Travel Costs	Compensation Costs

6. List and describe the types of expenditures included in the media/public information category.

7. Provide a detailed justification for any evaluation expenditures included in the budget.

Answers to Frequently Asked Questions

1. What is the purpose of the application?

The application serves complementary purposes for the Federal and State governments. The application fulfills the Federal regulatory requirement to document need, determine services are appropriate, and justify expenditures. The application is a tool to be used by the State to assess the needs of disaster victims and develop a plan of action.

2. Can the application format be modified?

The ISP Standard Application Format has been developed to address key information required under Federal regulations for the Crisis Counseling Assistance and Training Program. The format is provided for technical assistance purposes. Within the application format and instructions, there are notes about potential modifications. For example, charts and tables may be modified to fit specific State proposals. States may add pages within the format. States may also choose to create reformat portions of the needs assessment and program planning sections and assign writing tasks to county or community service providers. The current format has been designed to ensure that all necessary information for a successful application can be provided in a simple and flexible format. Should the applicant have questions regarding this format or specific modifications, it is recommended that you contact a CMHS project officer at 301/443-4735 and discuss with you FEMA Human Services Officer.

3. What components of the application are required in regulation?

The CCP regulations (44 CFR 206.171) establish the following components of the application:

1. Geographical areas within designated disaster area
2. Needs assessment
3. Description of the State and local resources and capabilities, and a justification of why these resources cannot meet the estimated disaster mental health needs
4. Description of response activities from the date of the disaster incident to the date of the application submission
5. Plan of services
6. Budget

Each component is discussed in detail in the supplemental instructions.

4. When is the application due?

The application is due no later than the 14th day following the Presidential Disaster Declaration. Day one is the day after the declaration. Therefore, if the disaster is declared by the President on the 1st of the month, the application must be submitted by close-of-business on the 15th.

5. May the application be submitted electronically?

The original signed copy of the cover sheet and SF 424 must be submitted in hard copy, as well as any attachments only available on hard copy. With the permission of the FEMA Regional Director, an application may be submitted using either the Word or Word Perfect software version.

6. Can any portions of the application be prepared before a disaster?

Yes, State Disaster Mental Health Coordinators are strongly encouraged to become familiar with the ISP Standard Application Format before a disaster strikes. It is possible to develop templates for many portions of the application prior to a disaster.

- The SF-424 is available electronically and a template may be prepared in advance, including all necessary assurances, so that this form can be processed and signed expeditiously.
- The signature sheet can be completed, including the name of the State Disaster Mental Health contact person.
- Part II of the application, entitled "State and Local Resources and Capabilities" may be completed prior to a disaster.
- States may prepare and customize job descriptions, templates for organizational charts, and descriptions of types of service they will provide as a part of their overall State Disaster Mental Health Plan.

States are also strongly encouraged to identify and train potential service providers in communities across the State and to develop procedures for contacting and mobilizing services in the immediate aftermath of a disaster. By maintaining contact information, developing activation procedures, maintaining ongoing training, and preparing materials in advance, States and localities can significantly simplify the process of developing an Immediate Services Application.

7. Will CMHS and FEMA provide consultation on the application process?

FEMA is located at a Disaster Field Office within or near the declared area and is available to assist the State. CMHS will either be on-site or available by phone. FEMA and the State Emergency Management Agency can assist with obtaining disaster damage information and provides consultation on the disaster operation, the application processing, and awarding funds. The FEMA

Human Services Officer or Crisis Counseling Coordinator assigned to the disaster may provide the SMHA with preliminary damage assessment information as well as teleregistration information on the number of persons applying for specialized disaster assistance.

CMHS provides consultation on developing and implementing services and application development. CMHS realizes that the State Mental Health Authority is not only responding to the ongoing mental health needs of its impacted citizens but also trying to implement, manage and monitor a crisis counseling program. Therefore, project officers from the ESDRB, CMHS are available to consult with the State in organizing the disaster mental health response. The project officers can be reached at 301/443-4735 (phone) and 301/443-8040 (fax).

8. May the Governor select an agency or organization other than the State Mental Health Authority to administer the IS grant?

If the Governor's Authorized Representative determines during the needs assessment that because of unusual circumstances or serious conditions within the State or local mental health network, the State Mental Health Authority cannot carry out the crisis counseling program, he or she may identify a public or private mental health agency or organization to carry out the program. Several States have elected to have a non-profit organization carry out the program in the past. In each instance, the State was the grantee and subcontracted the grant.

9. What are some of the most commonly-used acronyms a State Disaster Mental Health Coordinator should be familiar with?

There are many acronyms and abbreviations in the disaster response field and terminology changes frequently. Therefore, States are encouraged in their applications to minimize the use of acronyms and abbreviations. However, some of the most commonly-used acronyms that may be considered are the following.

CCP - Crisis Counseling Assistance and Training Program
CMHS - Center for Mental Health Services
DFO - Disaster Field Office
DHHS - Department of Health and Human Services
DLS - Disaster Legal Services
DRM - Disaster Recovery Manager
DUA - Disaster Unemployment Assistance
ESDRB - Emergency Services and Disaster Relief Branch
FCO - Federal Coordinating Officer
FEMA - Federal Emergency Management Agency
GAR - Governor's Authorized Representative

HM - Hazard Mitigation
HS - Human Services
HSO - Human Services Officer
IA- Individual Assistance
IFG - Individual and Family Grant
IRS - Internal Revenue Service
IS - Immediate Services
PA- Public Assistance
RS - Regular Services
SBA - Small Business Administration
SEMA - State Emergency Management Agency
SF - Standard Form (refers to a Federal form)
SMHA - State Mental Health Authority
USDA - United States Department of Agriculture

10. How Can I Obtain CMHS Publications and Videos?

A list of CMHS publications and videos related to disaster mental health is attached on the following page. Copies of these materials may be obtained by calling CMHS at 1-800-789-2647. Many materials can also be downloaded from the world wide web at the following website: www.mentalhealth.samhsa.gov/cmhs/EmergencyServices.

CMHS Publications

The following documents may be ordered by calling 1-800-789-2647 or on-line at the CMHS website www.mentalhealth.samhsa.gov/cmhs/EmergencyServices

Inventory Code	Format	Title
SMA99-3378	Booklet	Disaster Mental Health: Crisis Counseling Programs for the Rural Community
SMA99-3323	Booklet	Psychosocial Issues for Older Adults in Disasters
SMA96-3077	Booklet	Responding to the Needs of People with Serious and Persistent Mental Illness in Times of Major Disasters
SMA95-3022	Booklet	Psychosocial Issues for Children and Families in Disasters. A Guide for Primary Care Physicians

SMA94-3010	Book/Monograph	Disaster Response and Rcovery: Handbook for Mental Health Professionals (Currently being revised, new edition should be distributed in 2001.)
0M00-4070S	Video	Voices of Wisdom, Seniors Cope with Disaster (Spanish) OM004070 Video Voices of Wisdom, Seniors Cope with Disaster (English)
OM00-4071	Video	Responding to the Needs of People with Severe Mental Illness Following Disasters: The Fellowship House Experience After Hurricane Andrew
0M00-4069	Video	Children and Trauma (The School's Response)
0M00-4067	Video	Hurricane Blues
OM00-4066	Video	Faces in the Fire: One Year Later ESDRB-1 Video Hope and Rememberance
ADM90-538	Booklet	Training Manual for Mental Health and Human Service Workers in Major Disasters
ADM90-537	Booklet	Field Manual for Mental Health and Human Services Workers in Major Disasters
ADM90-1505	Pamphlet	Human Problems in Major Disasters: A Training Curriculum for Emergency Medical Personnel, 1990
ADM90-1497	Pamphlet	Prevention and Control of Stress Among Emergency Workers: A Pamphlet for Workers
ADM90-1496	Pamphlet	Prevention and Control of Stress Among Emergency Workers: A Pamphlet for Team Managers
ADM90-1390	Book/Monograph	Innovations in Mental Health Services to Disater Victims, 1990

http://www.mentalhealth.samhsa.gov/cmhs/EmergencyServices/grantfaq.asp